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(54) **PATIENT-SPECIFIC MEDICATION MANAGEMENT SYSTEM**

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(56) **References Cited**

U.S. PATENT DOCUMENTS

2,141,006 A 12/1938 Marinsky
3,724,455 A 4/1973 Unger

(Continued)

FOREIGN PATENT DOCUMENTS

CA 2472098 7/2003
CA 2554903 4/2005

(Continued)

OTHER PUBLICATIONS

Australian Office Action for Application No. 2020200812, dated Mar. 24, 2021, 5 pages.

(Continued)

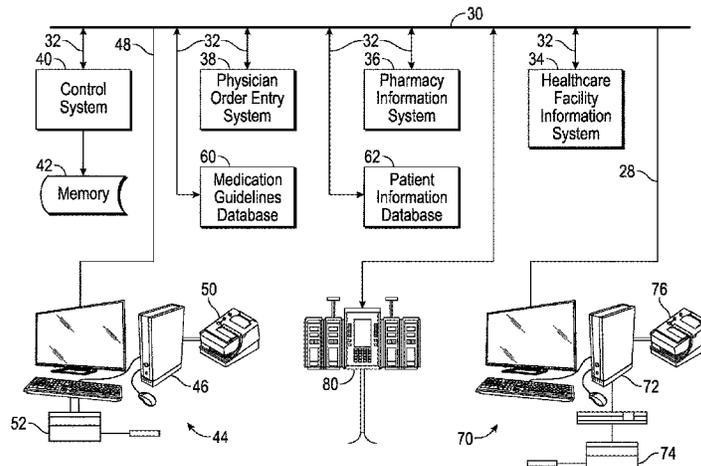
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(57) **ABSTRACT**

Systems for use with a medical device for controlling an infusion device are provided. In one aspect, a system includes an infusion device that is configurable with operating limit parameters for providing medication to a patient, and a limiting system. The limiting system receives laboratory information associated with a patient, compares current operating parameters of the infusion device with the operating limit parameters in view of the laboratory information for the patient before and during administration of the medication to the patient by the infusion device, determines that administration of the medication by the infusion device should be prevented based on comparing the operating parameters with the operating limit parameters in view of

(Continued)



the laboratory information and, responsive to determining that the operation should be prevented, prevents the administration of the medication by the infusion device, and generates a notification indicating that the operating limit parameters require modification.

20 Claims, 4 Drawing Sheets

Related U.S. Application Data

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(56) **References Cited**

U.S. PATENT DOCUMENTS

3,831,006 A	8/1974	Chaffin, III et al.
3,848,112 A	11/1974	Weichselbaum et al.
3,872,448 A	3/1975	Mitchell, Jr.
3,898,984 A	8/1975	Mandel et al.
3,910,260 A	10/1975	Sarnoff et al.
3,921,196 A	11/1975	Patterson
3,970,996 A	7/1976	Yasaka et al.
4,051,522 A	9/1977	Healy et al.
4,135,241 A	1/1979	Stanis et al.
4,164,320 A	8/1979	Irazaqui et al.
4,216,462 A	8/1980	McGrath et al.
4,237,344 A	12/1980	Moore
4,315,309 A	2/1982	Coli
4,321,461 A	3/1982	Walter, Jr. et al.
4,360,125 A	11/1982	Martindale et al.
4,373,527 A	2/1983	Fischell
4,476,381 A	10/1984	Rubin
4,604,847 A	8/1986	Moulding, Jr. et al.
4,636,950 A	1/1987	Caswell et al.
4,674,652 A	6/1987	Aten et al.
4,676,776 A	6/1987	Howson
4,688,026 A	8/1987	Scribner et al.
4,695,954 A	9/1987	Rose et al.
4,696,671 A	9/1987	Epstein et al.
4,731,726 A	3/1988	Allen, III
4,733,364 A	3/1988	Yamagata
4,741,732 A	5/1988	Crankshaw et al.
4,756,706 A	7/1988	Kerns et al.
4,778,449 A	10/1988	Weber et al.
4,785,969 A	11/1988	McLaughlin
4,803,625 A	2/1989	Fu et al.
4,810,243 A	3/1989	Howson
4,828,545 A	5/1989	Epstein et al.
4,831,562 A	5/1989	McIntosh et al.
4,835,372 A	5/1989	Gombrich et al.
4,839,806 A	6/1989	Goldfischer et al.

4,847,764 A	7/1989	Halvorson
4,850,009 A	7/1989	Zook et al.
4,853,521 A	8/1989	Claeys et al.
4,855,909 A	8/1989	Vincent et al.
4,857,713 A	8/1989	Brown
4,857,716 A	8/1989	Gombrich et al.
4,865,584 A	9/1989	Epstein et al.
4,882,575 A	11/1989	Kawahara
4,899,839 A	2/1990	Dessertine et al.
4,916,441 A	4/1990	Gombrich et al.
4,918,604 A	4/1990	Baum
4,925,444 A	5/1990	Orkin et al.
4,942,544 A	7/1990	McIntosh et al.
4,950,246 A	8/1990	Muller
4,967,928 A	11/1990	Carter
4,970,669 A	11/1990	McIntosh et al.
4,978,335 A	12/1990	Arthur, III
5,001,630 A	3/1991	Wiltfong
5,006,699 A	4/1991	Felkner et al.
5,036,462 A	7/1991	Kaufman et al.
5,036,852 A	8/1991	Leishman
5,041,086 A	8/1991	Koenig et al.
5,072,383 A	12/1991	Brimm et al.
5,077,666 A	12/1991	Brimm et al.
5,078,683 A	1/1992	Sancoff et al.
5,088,056 A	2/1992	McIntosh et al.
5,088,981 A	2/1992	Howson et al.
5,100,380 A	3/1992	Epstein et al.
5,126,957 A	6/1992	Kaufman et al.
5,142,484 A	8/1992	Kaufman et al.
5,153,416 A	10/1992	Neeley
5,153,827 A	10/1992	Coutre et al.
5,164,575 A	11/1992	Neeley et al.
5,166,498 A	11/1992	Neeley
5,171,977 A	12/1992	Morrison
5,181,910 A	1/1993	Scanlon
5,190,522 A	3/1993	Wojcicki et al.
5,207,642 A	5/1993	Orkin et al.
5,235,507 A	8/1993	Sackler et al.
5,256,157 A	10/1993	Samiotes et al.
5,258,906 A	11/1993	Kroll et al.
5,265,010 A	11/1993	Evans-Paganelli et al.
5,267,174 A	11/1993	Kaufman et al.
5,291,399 A	3/1994	Chaco
5,292,029 A	3/1994	Pearson
5,307,263 A	4/1994	Brown
5,312,334 A	5/1994	Hara et al.
5,314,243 A	5/1994	McDonald et al.
5,315,505 A	5/1994	Pratt et al.
5,317,506 A	5/1994	Coutre et al.
H1324 H	6/1994	Dalke et al.
5,331,547 A	7/1994	Laszlo
5,356,378 A	10/1994	Doan
5,367,555 A	11/1994	Isoyama
5,368,554 A	11/1994	Nazarian et al.
5,371,692 A	12/1994	Draeger et al.
5,374,813 A	12/1994	Shipp
5,376,070 A	12/1994	Purvis et al.
5,378,231 A	1/1995	Johnson et al.
5,382,232 A	1/1995	Hague et al.
5,390,238 A	2/1995	Kirk et al.
5,401,059 A	3/1995	Ferrario
5,404,384 A	4/1995	Colburn et al.
5,408,443 A	4/1995	Weinberger
5,412,372 A	5/1995	Parkhurst et al.
5,412,564 A	5/1995	Ecer
5,416,695 A	5/1995	Stutman et al.
5,456,691 A	10/1995	Snell
5,460,605 A	10/1995	Tuttle et al.
5,465,082 A	11/1995	Chaco
5,472,614 A	12/1995	Rossi
5,502,944 A	4/1996	Kraft et al.
5,515,426 A	5/1996	Yacenda et al.
5,522,798 A	6/1996	Johnson et al.
5,533,079 A	7/1996	Colburn et al.
5,536,084 A	7/1996	Curtis et al.
5,538,006 A	7/1996	Heim et al.
5,542,420 A	8/1996	Goldman et al.
5,544,649 A	8/1996	David et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

5,544,661	A	8/1996	Davis et al.	5,899,998	A	5/1999	McGauley et al.
5,547,470	A	8/1996	Johnson et al.	5,903,211	A	5/1999	Flego et al.
5,561,412	A	10/1996	Novak et al.	5,905,653	A	5/1999	Higham et al.
5,562,232	A	10/1996	Pearson	5,907,490	A	5/1999	Oliver
5,564,803	A	10/1996	McDonald et al.	5,911,132	A	6/1999	Sloane
5,573,506	A	11/1996	Vasko	5,911,687	A	6/1999	Sato et al.
5,582,593	A	12/1996	Hultman	5,912,818	A	6/1999	McGrady et al.
5,583,758	A	12/1996	McIlroy et al.	5,920,054	A	6/1999	Uber, III
5,592,374	A	1/1997	Fellagara et al.	5,920,263	A	7/1999	Huttenhoff et al.
5,594,786	A	1/1997	Chaco	5,928,329	A	7/1999	Clark et al.
5,597,995	A	1/1997	Williams et al.	5,930,145	A	7/1999	Yuyama et al.
5,601,445	A	2/1997	Schipper et al.	5,935,099	A	8/1999	Peterson et al.
5,622,429	A	4/1997	Heinze	5,941,710	A	8/1999	Lampotang et al.
5,628,309	A	5/1997	Brown	5,942,986	A	8/1999	Shabot et al.
5,630,710	A	5/1997	Tune et al.	5,950,630	A	9/1999	Portwood et al.
5,633,910	A	5/1997	Cohen	5,950,632	A	9/1999	Reber et al.
5,643,212	A	7/1997	Coutre et al.	5,953,099	A	9/1999	Walach
5,644,778	A	7/1997	Burks et al.	5,954,641	A	9/1999	Kehr et al.
5,645,531	A	7/1997	Thompson et al.	5,957,885	A	9/1999	Bollish et al.
5,651,775	A	7/1997	Walker et al.	5,961,036	A	10/1999	Michael et al.
5,655,118	A	8/1997	Heindel et al.	5,961,446	A	10/1999	Beller et al.
5,657,236	A	8/1997	Conkright	5,971,593	A	10/1999	McGrady
5,658,250	A	8/1997	Blomquist et al.	5,995,077	A	11/1999	Wilcox et al.
5,672,154	A	9/1997	Sillen et al.	5,995,937	A	11/1999	DeBusk et al.
5,681,285	A	10/1997	Ford et al.	6,000,828	A	12/1999	Leet
5,683,367	A	11/1997	Jordan et al.	6,003,006	A	12/1999	Colella et al.
5,685,844	A	11/1997	Marttila	6,009,333	A	12/1999	Chaco
5,689,229	A	11/1997	Chaco et al.	6,017,318	A	1/2000	Gauthier et al.
5,692,640	A	12/1997	Caulfield et al.	6,021,392	A	2/2000	Lester et al.
5,699,038	A	12/1997	Ulrich et al.	6,024,699	A	2/2000	Surwit et al.
5,700,998	A	12/1997	Palti	6,032,155	A	2/2000	de la Huerga
5,703,786	A	12/1997	Conkright	6,039,251	A	3/2000	Holowko et al.
5,704,352	A	1/1998	Tremblay et al.	6,047,203	A	4/2000	Sackner et al.
5,710,551	A	1/1998	Ridgeway	6,048,087	A	4/2000	Laurent et al.
5,712,913	A	1/1998	Chaum	6,053,887	A	4/2000	Levitas et al.
5,713,856	A	2/1998	Eggers	6,063,026	A	5/2000	Schauss et al.
5,721,913	A	2/1998	Ackroff et al.	6,082,776	A	7/2000	Feinberg
5,733,259	A	3/1998	Valcke et al.	6,112,182	A	8/2000	Akers et al.
5,737,539	A	4/1998	Edelson et al.	RE36,871	E	9/2000	Epstein et al.
5,738,102	A	4/1998	Lemelson	6,134,582	A	10/2000	Kennedy
5,752,235	A	5/1998	Kehr et al.	6,135,949	A	10/2000	Russo et al.
5,758,095	A	5/1998	Albaum et al.	6,180,893	B1	1/2001	Salgo
5,758,096	A	5/1998	Barsky et al.	6,202,923	B1	3/2001	Boyer et al.
5,760,704	A	6/1998	Barton et al.	6,228,057	B1	5/2001	Vasko
5,764,034	A	6/1998	Bowman et al.	6,241,704	B1	6/2001	Peterson et al.
5,772,585	A	6/1998	Lavin et al.	6,269,340	B1	7/2001	Ford et al.
5,774,865	A	6/1998	Glynn	6,282,441	B1	8/2001	Raymond et al.
5,781,442	A	7/1998	Engelson et al.	6,290,681	B1	9/2001	Brown
5,790,409	A	8/1998	Fedor et al.	6,292,698	B1	9/2001	Duffin et al.
5,795,327	A	8/1998	Wilson et al.	6,302,844	B1	10/2001	Walker et al.
5,803,906	A	9/1998	Pratt et al.	6,312,378	B1	11/2001	Bardy
5,807,321	A	9/1998	Stoker et al.	6,314,556	B1	11/2001	DeBusk et al.
5,807,336	A	9/1998	Russo et al.	6,319,200	B1	11/2001	Lai et al.
5,819,229	A	10/1998	Boppe	6,322,502	B1	11/2001	Schoenberg et al.
5,822,418	A	10/1998	Yacenda et al.	6,338,007	B1	1/2002	Broadfield et al.
5,822,544	A	10/1998	Chaco et al.	6,339,732	B1	1/2002	Phoon et al.
5,832,488	A	11/1998	Eberhardt	6,406,426	B1	6/2002	Reuss et al.
5,833,599	A	11/1998	Schrier et al.	6,409,684	B1	6/2002	Wilk
5,842,173	A	11/1998	Strum et al.	6,421,650	B1	7/2002	Goetz et al.
5,842,976	A	12/1998	Williamson	6,493,747	B2	12/2002	Simmon et al.
5,845,253	A	12/1998	Rensimer et al.	6,519,569	B1	2/2003	White et al.
5,845,254	A	12/1998	Lockwood et al.	6,529,892	B1	3/2003	Lambert
5,845,255	A	12/1998	Mayaud	6,540,672	B1	4/2003	Simonsen et al.
5,845,264	A	12/1998	Nellhaus	6,558,352	B1	5/2003	Hogan
5,848,593	A	12/1998	McGrady et al.	6,571,128	B2	5/2003	Lebel et al.
5,850,344	A	12/1998	Conkright	6,581,606	B2	6/2003	Kutzko et al.
5,852,408	A	12/1998	Christiansen et al.	6,671,563	B1	12/2003	Engelson et al.
5,855,550	A	1/1999	Lai et al.	6,745,764	B2	6/2004	Hickle
5,867,821	A	2/1999	Ballantyne et al.	6,757,898	B1	7/2004	Ilsen et al.
5,871,465	A	2/1999	Vasko	6,785,589	B2	8/2004	Eggenberger et al.
5,883,806	A	3/1999	Meador et al.	6,796,956	B2	9/2004	Hartlaub et al.
5,885,245	A	3/1999	Lynch et al.	6,799,149	B2	9/2004	Hartlaub
5,894,273	A	4/1999	Meador et al.	6,847,861	B2	1/2005	Lunak et al.
5,895,371	A	4/1999	Levitas et al.	6,856,247	B1	2/2005	Wallace
5,985,371	A	4/1999	Fujioka et al.	6,873,268	B2	3/2005	Lebel et al.
				6,993,402	B2	1/2006	Klass et al.
				7,034,691	B1	4/2006	Rapaport et al.
				7,054,844	B2	5/2006	Fletcher et al.
				7,060,059	B2	6/2006	Keith et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

7,096,072 B2	8/2006	Engleson et al.	2003/0139701 A1	7/2003	White et al.
7,201,734 B2	4/2007	Hickle	2003/0140928 A1	7/2003	Bui et al.
7,204,823 B2	4/2007	Estes et al.	2003/0140929 A1	7/2003	Wilkes et al.
7,215,991 B2	5/2007	Besson et al.	2003/0149599 A1	8/2003	Goodall et al.
7,229,430 B2	6/2007	Hickle et al.	2003/0156143 A1	8/2003	Westenskow et al.
7,230,529 B2	6/2007	Ketcherside, Jr. et al.	2003/0158746 A1	8/2003	Forrester
7,256,708 B2	8/2007	Rosenfeld et al.	2003/0163223 A1	8/2003	Blomquist
7,263,492 B1	8/2007	Suresh et al.	2003/0205897 A1	11/2003	Kaufman
7,379,885 B1	5/2008	Zakim	2003/0236683 A1	12/2003	Henderson et al.
7,384,420 B2	6/2008	Dycus et al.	2004/0015858 A1	1/2004	Seto
7,398,183 B2	7/2008	Holland et al.	2004/0068229 A1	4/2004	Jansen et al.
7,421,709 B2	9/2008	Watson et al.	2004/0073329 A1	4/2004	Engleson et al.
7,433,853 B2	10/2008	Brockway et al.	2004/0107118 A1	6/2004	Harnsberger et al.
7,471,994 B2	12/2008	Ford et al.	2004/0122702 A1	6/2004	Sabol et al.
7,526,769 B2	4/2009	Watts, Jr. et al.	2004/0122705 A1	6/2004	Sabol et al.
7,587,415 B2	9/2009	Guarav et al.	2004/0122719 A1	6/2004	Sabol et al.
7,612,679 B1	11/2009	Fackler et al.	2004/0122790 A1	6/2004	Walker et al.
7,693,697 B2	4/2010	Westenskow et al.	2004/0128162 A1	7/2004	Schlotterbeck et al.
7,769,601 B1	8/2010	Bleser et al.	2004/0152622 A1	8/2004	Keith et al.
7,771,385 B2	8/2010	Eggers et al.	2004/0167465 A1	8/2004	Mihai et al.
7,771,386 B2	8/2010	Eggers et al.	2004/0167804 A1	8/2004	Simpson et al.
7,776,031 B2	8/2010	Hartlaub et al.	2004/0172283 A1	9/2004	Vanderveen et al.
7,787,946 B2	8/2010	Stahmann et al.	2004/0172300 A1	9/2004	Mihai et al.
7,796,045 B2	9/2010	Spear et al.	2004/0172302 A1	9/2004	Martucci et al.
7,835,927 B2	11/2010	Schlotterbeck et al.	2004/0176297 A1	9/2004	Cheung et al.
7,847,970 B1	12/2010	McGrady	2004/0188998 A1	9/2004	Henthorn
7,860,583 B2	12/2010	Condurso et al.	2004/0193325 A1	9/2004	Bonderud et al.
7,962,544 B2	6/2011	Torok et al.	2004/0193446 A1	9/2004	Mayer et al.
7,970,550 B2	6/2011	Arakelyan et al.	2004/0260478 A1	12/2004	Schwamm
8,005,688 B2	8/2011	Coffman et al.	2005/0010166 A1	1/2005	Hickle
8,024,200 B2	9/2011	Jennings et al.	2005/0010269 A1	1/2005	Lebel et al.
8,070,742 B2	12/2011	Woo	2005/0020996 A1	1/2005	Hartlaub et al.
8,160,895 B2	4/2012	Schmitt et al.	2005/0021297 A1	1/2005	Hartlaub
8,197,437 B2	6/2012	Kalafut et al.	2005/0022274 A1	1/2005	Campbell et al.
8,291,337 B2	10/2012	Gannin et al.	2005/0033606 A1	2/2005	Miller
8,340,792 B2	12/2012	Condurso et al.	2005/0049179 A1	3/2005	Davidson et al.
8,630,722 B2	1/2014	Condurso et al.	2005/0055242 A1	3/2005	Bello et al.
8,689,008 B2	4/2014	Rangadass et al.	2005/0088296 A1	4/2005	Lee
8,761,906 B2	6/2014	Condurso et al.	2005/0096941 A1	5/2005	Tong
8,863,156 B1	10/2014	Lepanto	2005/0097566 A1	5/2005	Watts et al.
8,972,272 B1	3/2015	Dvorak	2005/0107914 A1	5/2005	Engleson et al.
10,192,193 B1	1/2019	Glass	2005/0108057 A1	5/2005	Cohen et al.
10,417,758 B1	9/2019	Alexander	2005/0113945 A1	5/2005	Engleson et al.
10,692,207 B2	6/2020	Sandmann et al.	2005/0119788 A1	6/2005	Engleson et al.
2001/0037083 A1	11/2001	Hartlaub et al.	2005/0144043 A1	6/2005	Holland et al.
2001/0044731 A1	11/2001	Coffman et al.	2005/0145010 A1	7/2005	Vanderveen et al.
2002/0010679 A1	1/2002	Felsher	2005/0148890 A1	7/2005	Hastings
2002/0016568 A1	2/2002	Lebel et al.	2005/0171815 A1	8/2005	Vanderveen
2002/0016923 A1	2/2002	Knaus et al.	2005/0224083 A1	10/2005	Crass et al.
2002/0022973 A1	2/2002	Sun et al.	2005/0277911 A1	12/2005	Stewart
2002/0026223 A1	2/2002	Riff et al.	2005/0278194 A1	12/2005	Holland et al.
2002/0035484 A1	3/2002	McCormick	2006/0026205 A1	2/2006	Butterfield
2002/0038392 A1	3/2002	De La Huerga	2006/0047538 A1	3/2006	Condurso et al.
2002/0042636 A1	4/2002	Koshiol et al.	2006/0053036 A1	3/2006	Coffman et al.
2002/0046346 A1	4/2002	Evans	2006/0079831 A1	4/2006	Gilbert
2002/0077849 A1	6/2002	Baruch et al.	2006/0101072 A1	5/2006	Busche et al.
2002/0087114 A1	7/2002	Hartlaub	2006/0122481 A1	6/2006	Sievenpiper et al.
2002/0116509 A1	8/2002	De La Huerga	2006/0190302 A1	8/2006	Eggers et al.
2002/0120350 A1	8/2002	Klass et al.	2006/0200369 A1	9/2006	Batch et al.
2002/0169636 A1	11/2002	Eggers et al.	2006/0206356 A1	9/2006	Vanderveen
2002/0198624 A1	12/2002	Greenwald et al.	2006/0217628 A1	9/2006	Huiku
2003/0009244 A1	1/2003	Engleson et al.	2006/0218015 A1	9/2006	Walker et al.
2003/0036683 A1	2/2003	Kehr et al.	2006/0229551 A1	10/2006	Martinez et al.
2003/0045858 A1	3/2003	Struys et al.	2006/0249423 A1	11/2006	Reijonen
2003/0051737 A1	3/2003	Hickle et al.	2006/0262915 A1	11/2006	Marascio
2003/0063524 A1	4/2003	Niemiec et al.	2006/0271401 A1	11/2006	Lassetter et al.
2003/0069481 A1	4/2003	Hervy et al.	2006/0287890 A1	12/2006	Stead et al.
2003/0105389 A1	6/2003	Noonan et al.	2007/0015972 A1	1/2007	Wang et al.
2003/0105555 A1	6/2003	Lunak et al.	2007/0043767 A1	2/2007	Osborne et al.
2003/0106553 A1	6/2003	Vanderveen	2007/0061266 A1	3/2007	Moore et al.
2003/0114836 A1	6/2003	Estes et al.	2007/0061393 A1	3/2007	Moore
2003/0121517 A1	7/2003	McFarland	2007/0083389 A1	4/2007	Dyer et al.
2003/0129578 A1	7/2003	Mault	2007/0106457 A1	5/2007	Rosenberg
2003/0135087 A1	7/2003	Hickle et al.	2007/0106753 A1	5/2007	Moore
2003/0135388 A1	7/2003	Martucci et al.	2007/0106754 A1	5/2007	Moore
			2007/0129647 A1	6/2007	Lynn
			2007/0156452 A1	7/2007	Batch
			2007/0156860 A1	7/2007	Nedelcu et al.
			2007/0168301 A1	7/2007	Eisner et al.

(56)

References Cited

FOREIGN PATENT DOCUMENTS

WO	WO-1996020745	7/1996
WO	WO-1996025214	8/1996
WO	WO-1996036923	11/1996
WO	WO-1997004712	2/1997
WO	WO-1998013783	4/1998
WO	WO-1998028676	7/1998
WO	WO-1999009505	2/1999
WO	WO-1999010829	3/1999
WO	WO-1999010830	3/1999
WO	WO-1999035588	7/1999
WO	WO-1999044167	9/1999
WO	WO-1999045490	9/1999
WO	WO-1999046718	9/1999
WO	WO-1999067732	12/1999
WO	WO-2000003344	1/2000
WO	WO-2000004521	1/2000
WO	WO-2000018449	4/2000
WO	WO-2000032088	6/2000
WO	WO-2000032098	6/2000
WO	WO-2001086506	11/2001
WO	WO-2001088828	11/2001
WO	WO-2002036044	5/2002
WO	WO-2002069099	9/2002
WO	WO-2003038566	5/2003
WO	WO-2003053503	7/2003
WO	WO-2003092769	11/2003
WO	WO-2003094091	11/2003
WO	WO-2004060443	7/2004
WO	WO-2004061745	7/2004
WO	WO-2002053209 A1	10/2004
WO	WO-2005110208 A1	11/2005
WO	WO-2008087982 A1	5/2010
WO	WO-2010124016	10/2010
WO	WO-2010124328	11/2010
WO	WO-2012095829	7/2012
WO	WO-2014159280	10/2014

OTHER PUBLICATIONS

Australian Office Action for Application No. 2020203449, dated May 26, 2021, 5 pages.

Chinese Notice of Reexamination for Application No. 201480015036.5, dated Jul. 29, 2021, 32 pages including machine translation.

Chinese Office Action for Application No. 201480041985.0, dated Jun. 2, 2021, 4 pages including translation.

"General-Purpose Infusion Pumps," Evaluation—Health Devices, Oct. 2002, pp. 353-387, vol. 31 (10), ECRI Institute.

"Infusion Pump Technology," Health Devices, Apr.-May 1998, pp. 150-170, vol. 27(4-5), ECRI Institute.

"Infusion Pumps, General Purpose," Healthcare Product Comparison System, 2007, pp. 1-54, ECRI Institute.

"Infusion Pumps, Large-Volume," Healthcare Product Comparison System, 2010, pp. 1-51, ECRI Institute.

"Smart Infusion Pumps Join CPOE and Bar Coding as Important Ways to Prevent Medication Errors," ISMP—Medication Safety Alert, Feb. 7, 2002, 2 pgs., Institute for Safe Medication Practices. Anonymous, Guardrails® Safety Software—Medley TM Medication Safety System, Alaris Medical Systems XP-00234431; 2002 Alaris Medical Systems Inc. Nov. 2002, SSM @2159C.

Australia Office Action for Application No. 2014268828, dated Jul. 3, 2020, 5 pages.

Australian Examination Report No. 1 for Application No. 2016216550, dated Sep. 20, 2017, 3 pages.

Australian Office Action for Application No. 2014241019, dated Aug. 12, 2019, 4 pages.

Australian Office Action for Application No. 2014241019, dated Dec. 5, 2019, 5 pages.

Australian Office Action for Application No. 2014241019, dated Feb. 6, 2019, 3 pages.

Australian Office Action for Application No. 2014241022, dated Feb. 7, 2019, 4 pages.

Australian Office Action for Application No. 2014241022, dated Jun. 25, 2019, 3 pages.

Australian Office Action for Application No. 2014241022, dated Sep. 30, 2019, 4 pages.

Australian Office Action for Application No. 2014268828, dated Jul. 26, 2019, 4 pages.

Australian Office Action for Application No. 2014268828, dated Nov. 25, 2019, 3 pages.

Australian Office Action for Application No. 2018232958, dated Aug. 7, 2019, 3 pages.

Australian Office Action for Application No. 2020201641, dated Oct. 9, 2020, 4 pages.

Baldauf-Sobez et al., "How Siemens' Computerized Physician Order Entry Helps Prevent the Human Errors," *electromedica*, vol. 71, No. 1, 2003, pp. 2-10.

Brazil Office Action for Application No. BR112015019758-2, dated Feb. 20, 2020, 5 pages.

Brazil Office Action for Application No. BR112015029135-0, dated Feb. 12, 2020, 5 pages.

Calabrese, et al., "Medication administration errors in adult patients in the ICU," *Intensive Care Med*, 2001, pp. 1592-1598, vol. 27, Springer-Verlag.

Canada Office Action for Application No. 2900564, dated Jan. 28, 2020, 4 pages.

Canadian Office Action for Application No. 2512991, dated Jan. 10, 2018, 4 pages.

Canadian Office Action for Application No. 2512991, dated Mar. 2, 2017, 4 pages.

Canadian Office Action for Application No. 2551903, dated Aug. 18, 2020, 3 pages.

Canadian Office Action for Application No. 2551903, dated Mar. 28, 2017, 7 pages.

Canadian Office Action for Application No. 2551903, dated Mar. 5, 2018, 8 pages.

Canadian Office Action for Application No. 2828898, dated Dec. 3, 2019, 6 pages.

Canadian Office Action for Application No. 2828898, dated Dec. 7, 2018, 5 pages.

Canadian Office Action for Application No. 2828898, dated Jan. 11, 2018, 8 pages.

Canadian Office Action for Application No. 2828898, dated Oct. 7, 2020, 7 pages.

Canadian Office Action for Application No. 2900564, dated Nov. 19, 2020, 4 pages.

Canadian Office Action for Application No. 2901024, dated Jan. 27, 2020, 5 pages.

Canadian Office Action for Application No. 2901024, dated Nov. 20, 2020, 6 pages.

Chinese Office Action for Application No. 2 1480041362.3, dated Oct. 18, 2018, 13 pages.

Chinese Office Action for Application No. 2012800136388, dated Jul. 18, 2016, 2 pages excluding machine translation.

Chinese Office Action for Application No. 201480015025.7, dated Jan. 23, 2018, 11 pages excluding English summary.

Chinese Office Action for Application No. 201480015025.7, dated Jun. 24, 2019, 25 pages.

Chinese Office Action for Application No. 201480015025.7, dated Nov. 12, 2019, 20 pages.

Chinese Office Action for Application No. 201480015025.7, dated Oct. 9, 2018, 27 pages.

Chinese Office Action for Application No. 201480015036.5, dated Jan. 23, 2018, 13 pages excluding English translation.

Chinese Office Action for Application No. 201480015036.5, dated Jun. 24, 2019, 20 pages.

Chinese Office Action for Application No. 201480015036.5, dated Nov. 5, 2019, 12 pages.

Chinese Office Action for Application No. 201480015036.5, dated Sep. 29, 2018, 20 pages.

Chinese Office Action for Application No. 201480015093.3, dated Apr. 25, 2019, 18 pages.

Chinese Office Action for Application No. 201480015093.3, dated Dec. 4, 2019, 17 pages.

(56)

References Cited

OTHER PUBLICATIONS

- Chinese Office Action for Application No. 201480015093.3, dated Jul. 16, 2018, 16 pages.
- Chinese Office Action for Application No. 201480015147.6, dated Mar. 10, 2017, 10 pages excluding translation.
- Chinese Office Action for Application No. 201480015147.6, dated May 3, 2018, 6 pages.
- Chinese Office Action for Application No. 201480015147.6, dated Nov. 16, 2017, 8 pages.
- Chinese Office Action for Application No. 201480041985.0, dated Apr. 3, 2019, 12 pages.
- Chinese Office Action for Application No. 201480041985.0, dated May 15, 2020, 23 pages.
- Chinese Office Action for Application No. 201480041985.0, dated Sep. 23, 2019, 24 pages.
- Chinese Office Action for Application No. 201480041985.0, dated Sep. 3, 2020, 38 pages.
- Eskew, James et al., Using Innovative Technologies To Set New Safety Standards For The Infusion Of Intravenous Medications, Hospital Pharmacy, vol. 37, No. 11, pp. 1179-1189, 2002, Facts and Comparisons.
- European Communication for Application No. 14779655.1, dated Oct. 2, 2019, 12 pages.
- European Communication of the Board of Appeal for Application No. 05791269.3, dated Nov. 10, 2017, 7 pages.
- European Office Action for Application No. 12756903.6, dated Apr. 19, 2017, 5 pages.
- European Office Action for Application No. 14772937.0, dated Apr. 19, 2018, 9 pages.
- European Office Action for Application No. 14775918.7, dated Dec. 20, 2017, 8 pages.
- European Office Action for Application No. 14779655.1, dated Jul. 28, 2017, 6 pages.
- European Office Action for Application No. 14779655.1, dated Mar. 8, 2018, 7 pages.
- European Office Action for Application No. 14801713.0, dated Dec. 11, 2019, 6 pages.
- European Summons to attend oral proceedings pursuant to Rule 115(1) EPC for Application No. 14772937.0, dated Jul. 17, 2019, 12 pages.
- Evans, R. S. et al., "Enhanced notification of infusion pump programming errors", Studies in health technology and informatics, Jan. 1, 2010, pp. 734-738, XP055305644, Netherlands DOI: 10.3233/978-1-60750-588-4-734 Retrieved from the Internet: URL:<http://booksonline.iospress.nl/Extern/EnterMedLine.aspx?ISSN=0926-9630&Volume=160&SPage=734> [retrieved on Sep. 26, 2016].
- Extended European Search Report and Written Opinion for Application No. 14772937.0, dated Oct. 10, 2016, 9 pages.
- Extended European Search Report and Written Opinion for Application No. 14775918.7, dated Sep. 13, 2016, 10 pages.
- Extended European Search Report and Written Opinion for Application No. 14779139.6, dated Nov. 7, 2016, 7 pages.
- Extended European Search Report for Application No. 14779655.1, dated Jul. 14, 2016, 8 pages.
- Extended European Search Report for Application No. 14780320.9, dated Jul. 1, 2016, 7 pages.
- Extended European Search Report for Application No. 14801713.0, dated Jan. 16, 2017, 8 pages.
- Extended European Search Report for Application No. 14801726.2, dated Jan. 5, 2017, 8 pages.
- Extended European Search Report for Application No. 20191537.8, dated Dec. 17, 2020, 9 pages.
- India Office Action for Application No. 2625/KOLNP/2015, dated Jul. 8, 2020, 7 pages.
- India Office Action for Application No. 4041/KOLNP/2015, dated Jul. 8, 2020, 8 pages.
- India Office Action for Application No. 7050/CHENP/2013, dated Sep. 18, 2019, 7 pages.
- Japanese Office Action for Application No. 2016-501081, dated May 7, 2019, 4 pages.
- Japanese Office Action for Application No. 2016501081, dated Nov. 12, 2019, 6 pages.
- Japanese Office Action for Application No. 2016-501081, dated Nov. 2, 2018, 6 pages.
- Japanese Office Action for Application No. 2019-030891, dated May 27, 2020, 8 pages.
- Japanese Office Action for Application No. 2019-030891, dated Nov. 26, 2020, 5 pages including English translation.
- Japanese Office Action in Application No. 2016-501081, dated Feb. 9, 2018, 4 pages.
- Kohn, et al., "To Err is Human—Building a Safer Health System," National Academy Press, 2002, pp. i-287, National Academy of Sciences.
- Lesar, "Recommendations for Reducing Medication Errors," Medscape Pharmacists, posted Jul. 24, 2000, 10 pgs, vol. 1(2), Medscape Pharmacists, <<http://www.medscape.com>>.
- Meier, "Hospital Products Get Seal of Approval at a Price," The New York Times, Apr. 23, 2002, 5 pgs.
- Memo concerning Mexican Office Action for Application No. MX/a/2015/015959, dated Sep. 21, 2017, 4 pages.
- Memo concerning Mexican Office Action for Application No. MX/a/2015/015959, memo dated Mar. 2, 2018, 1 page.
- Office Action for United Arab Emirates Application No. UAE/P/0962/2013, dated Apr. 17, 2017, 18 pages.
- Queensland Health. Use of returned or unused dispensed medicines, Jan. 5, 2005, Queensland Government. pp. 1-2.
- Shabot et al., "Wireless clinical alerts for critical medication, laboratory and physiologic data," System Sciences 2000. Proceedings of the 33rd Annual Conference on Jan. 4-7, 2000, Piscataway, NJ, IEEE, Jan. 4, 2000.
- U.S. Appl. No. 90/009,912, filed Aug. 12, 2013, Schlotterbeck et al.
- U.S. Appl. No. 90/011,697, filed Aug. 12, 2013, Schlotterbeck et al.
- United Arab Emirates Office Action from KIPO for Application No. UAE/P/1554/2015, first received Nov. 21, 2019, 11 pages.
- U.S. Appl. No. 13/901,501, filed May 23, 2013.
- Williams, et al., "Reducing the Risk of User Error with Infusion Pumps," Professional Nurse—Safe Practice—Infusion Devices, Mar. 2000, pp. 382-384, vol. 15(6).
- Yokoi, "Prevention of Errors in Injection/Drip Infusion—No excuse for ignorance!—Essential Points of Accident Prevention, IV Infusion Pump, Syringe-pump Accident Prevention," JIN Special, Igaku Shoin K.K., Dec. 1, 2001, pp. 109-120, No. 70.
- Australian Decision Issued for Application No. 2014268828, dated Feb. 26, 2021, 30 pages.
- Canadian Office Action for Application No. 2912792, dated Mar. 1, 2021, 7 pages.
- Australian Office Action for Application No. 2020203449, dated Nov. 24, 2021, 3 pages.
- Australian Office Action for Application No. 2020210162, dated Sep. 22, 2021, 6 pages.
- Chinese Office Action for Application No. 201480015036.5, dated Sep. 24, 2021, 52 pages including translation.
- Chinese Office Action for Application No. 201480015093.3, dated Nov. 1, 2021, 36 pages including translation.
- Canadian Office Action for Application No. 2828898, dated Aug. 25, 2021, 5 pages.
- Canadian Office Action for Application No. 2901024, dated Aug. 25, 2021, 6 pages.
- Chinese Notice of Reexamination for Application No. 201480015025.7, dated Aug. 20, 2021, 29 pages including translation.
- European Office Action for Application No. 20191537.8, dated Aug. 18, 2021, 10 pages.
- Japanese Office Action for Application No. 2019-030891, dated Aug. 24, 2021, 4 pages including translation.
- Australian Office Action for Application No. 2020200812, dated Nov. 18, 2021, 4 pages.
- Canadian Office Action for Application No. 2912792, dated Dec. 30, 2021, 9 pages.
- Brazilian Office Action for Application No. BR112015029135-0, dated Aug. 30, 2022, 10 pages including translation.
- Canadian Office Action for Application No. 2901024, dated Jul. 20, 2022, 5 pages.

(56)

References Cited

OTHER PUBLICATIONS

Chinese Office Action for Application No. 202111564727.9, dated Aug. 17, 2022, 14 pages including translation.

Brazilian Office Action for Application No. BR112015029135-0, dated Mar. 8, 2022, 8 pages including translation.

Chinese Office Action for Application No. 201480015093.3, dated Mar. 3, 2022, 42 pages including translation.

* cited by examiner

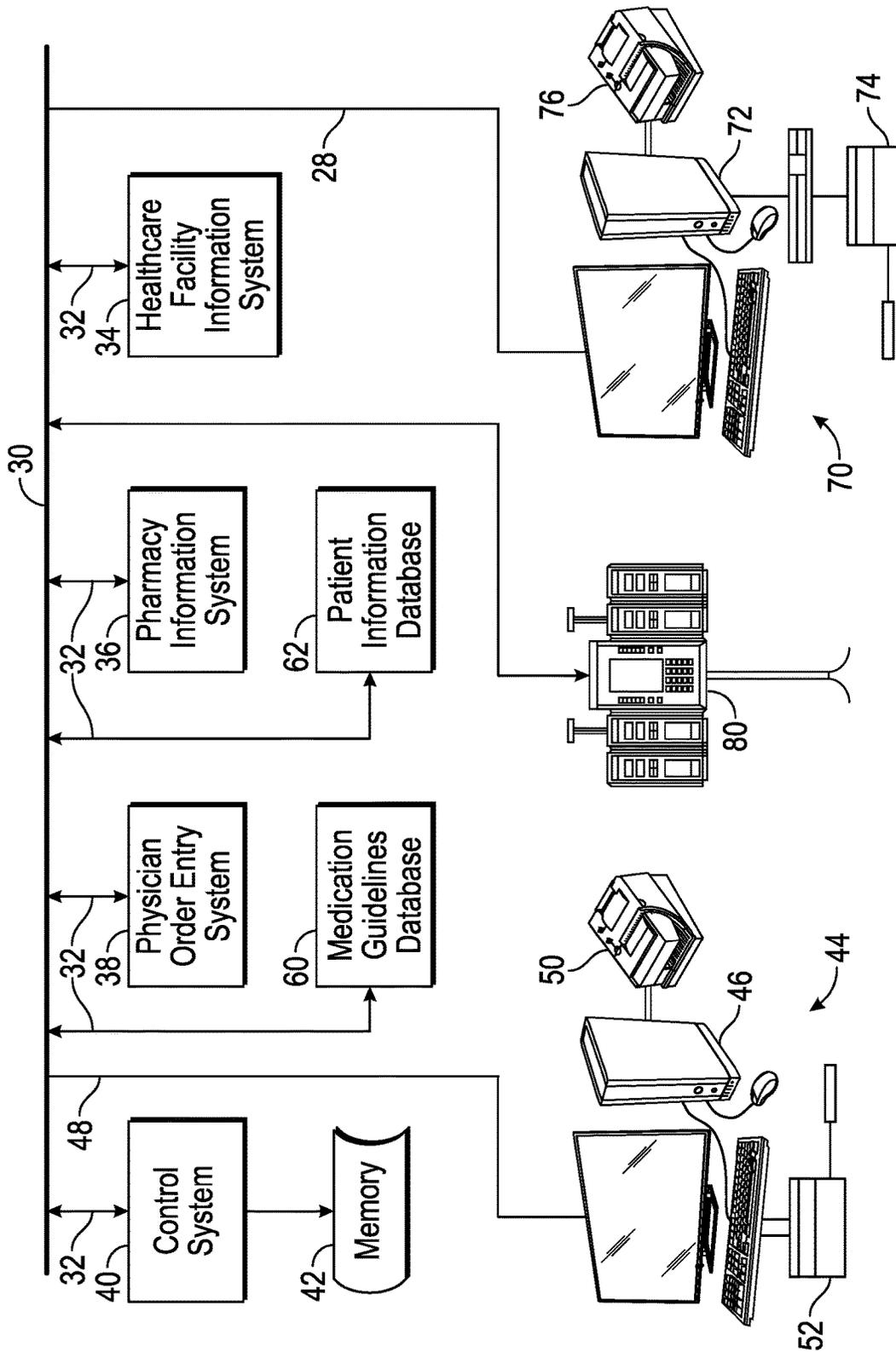


FIG. 1

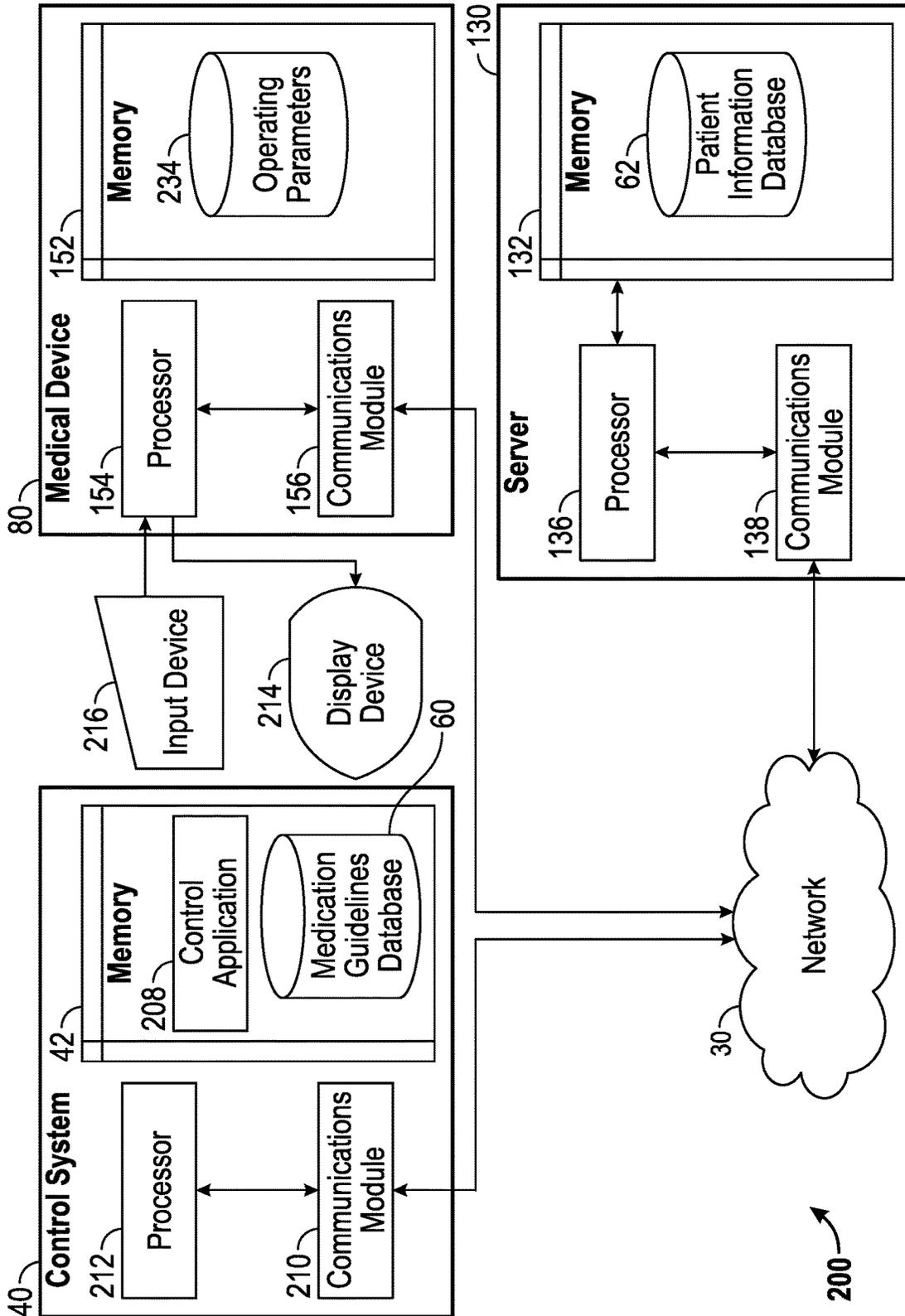


FIG. 2

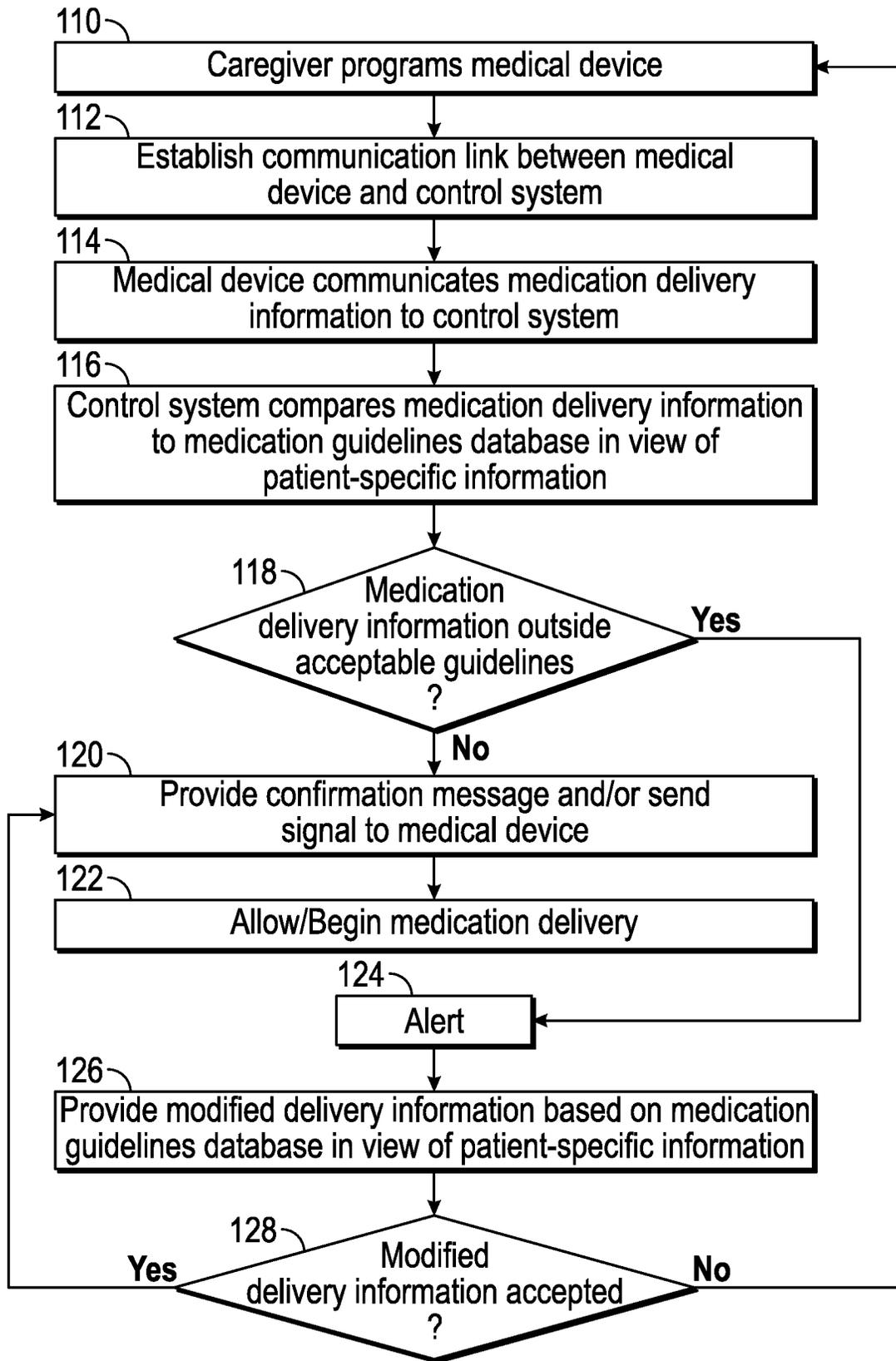


FIG. 3

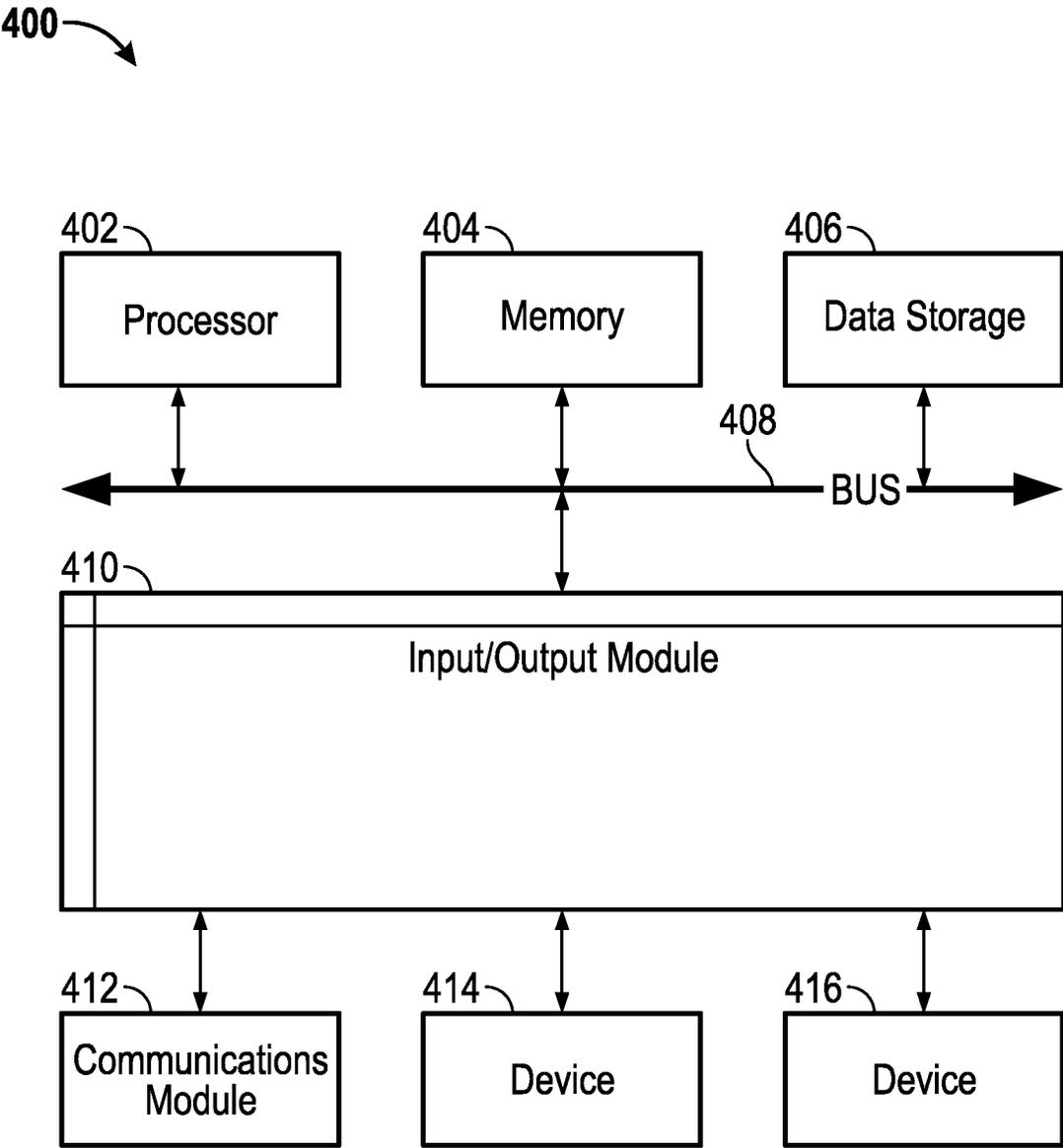


FIG. 4

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PATIENT-SPECIFIC MEDICATION MANAGEMENT SYSTEM

CROSS-REFERENCE TO RELATED APPLICATIONS

The present application is a continuation of U.S. application Ser. No. 16/042,987, filed Jul. 23, 2018, entitled "Patient-Specific Medication Management System," now U.S. Pat. No. 10,937,530, which is a continuation of U.S. application Ser. No. 14/721,995, filed May 26, 2015, entitled "Patient-Specific Medication Management System," now U.S. Pat. No. 10,029,047, which is a continuation of U.S. application Ser. No. 13/802,679, filed Mar. 13, 2013, entitled "Patient-Specific Medication Management System," now U.S. Pat. No. 9,069,887, the disclosures of which are hereby incorporated by reference in their entirety for all purposes.

BACKGROUND

Field

The present disclosure relates generally to systems and methods for managing patient care in a health care facility, and more particularly, to systems and methods for integrating and managing information with respect to medical care, medication delivery, asset identification, and verification of drug delivery.

Description of the Related Art

Medication errors, that is, errors that occur in the ordering, dispensing, and administration of medications, regardless of whether those errors cause injury or not, are a significant consideration in the delivery of healthcare in the institutional setting. Additionally, adverse drug events (ADE), which are defined as injuries involving a drug that require medical intervention and are a subset of medication errors, represent some of the most serious medication errors are responsible for a number of patient injuries and death.

Healthcare facilities continually search for ways to reduce the occurrence and severity of medication errors. Various systems and methods are commonly used to reduce the frequency of occurrence and severity of preventable adverse drug events (PADE) and other medication errors. In the administration of medication, focus is typically directed to the following five "rights" or factors: the right patient, the right drug, the right route, the right amount, and the right time. Systems and methods seeking to reduce ADEs and PADEs should take these five rights into consideration.

Delivery, verification, and control of medication in an institutional setting have traditionally been areas where errors can occur. In a typical healthcare facility, a physician enters an order for a medication for a particular patient. This order may be handled either as a simple handwritten order, or it may be entered into an automated system, such as a physician order entry (POE) system. The handwritten order or the electronic prescription from the POE system is routed to the pharmacy, where the order is filled. Typically, pharmacies check the physician order against possible allergies of the patient and for possible drug interactions in the case where two or more drugs are prescribed, and also check for contraindications. Depending on the healthcare facility, the medication may be identified and gathered within the pharmacy and placed into a transport carrier for transport to a nurse station. Once at the nurse station, the prescriptions are

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again checked against the medications that have been identified for delivery to ensure that no errors have occurred.

Such a system works well to verify that patients are receiving the appropriate drug when drugs are delivered orally. But the system may not be capable of thoroughly verifying that the correct administration of an intravenous (IV) drug is being provided to a patient. Incorrect administration of the medication may occur where the medication is to be administered using an automated or semi-automated administration device, such as an infusion pump (e.g., including large volume infusion or syringe type pumps), if the automated device is programmed with incorrect medication administration parameters. For example, even where the medication order includes the correct infusion parameters, those parameters may be incorrectly entered into an infusion pump, causing the infusion pump to administer the medication in a manner that may not result in the prescribed treatment. Furthermore, if the infusion pump is configured with certain operating limit parameters, the operating limit parameters may reflect values that are generally considered safe for a typical patient but that may be unsafe for the patient to whom the medication is being delivered.

SUMMARY

According to one embodiment of the present disclosure, a system for use with a medical device for reducing medication errors is provided. The system includes a medical device that is configurable with operating limit parameters for providing medication to a patient, and a limiting system. The limiting system includes a memory that includes patient-specific information for the patient and a database includes acceptable operating parameters for providing the medication to the patient using the medical device, and a processor. The processor is configured to compare the acceptable operating parameters with the patient-specific information, and provide a modification of the operating limit parameters for providing the medication to the patient based on the comparison of the acceptable operating parameters with the patient-specific information.

In certain aspects of the system, the medical device is configurable with operating limit parameters for providing a mixture includes a plurality of medications to a patient, and the database includes acceptable operating parameters for providing the mixture to the patient using the medical device. The patient-specific information can include laboratory data for the patient. The laboratory data can include at least one of a blood coagulation measure, a vitamin level, a platelet count value, a thromboplastin time, or a serum level. The patient-specific information can include at least one of a medication ordered for the patient, a time at which the medication is ordered for the patient, a treatment plan for the patient, a medication resistance of the patient, a weight of the patient, a height of the patient, a body surface area of the patient, an age of the patient, a gender of the patient, or an ethnicity of the patient. In certain aspects of the system, the processor being configured to compare the acceptable operating parameters with the patient-specific information includes the processor comparing a first weight of the patient provided to the medical device with a second weight of the patient provided to another medical device. In certain aspects of the system, the processor being configured to provide the modification of the operating limit parameters for providing the medication to the patient includes the processor being configured to modify the operating limit parameters based on a determination of the acceptable operating parameters for a person having the patient's body

surface area. The acceptable operating parameters can include a plurality of rules indicating whether the patient-specific information includes a value that is within or exceeds a threshold define by at least one of the plurality of rules. At least one of the rules can indicate a maximum total amount of the medication to provide to the patient over a period of time. The medical device can include an infusion pump. The operating limit parameters can include at least one of a rate at which to provide the medication, an amount of the medication to provide, and a length of time to provide the medication. In certain aspects of the system, the processor being configured to provide the modification of the operating limit parameters based on the patient-specific information includes the processor being configured to define at least one of a maximum value or minimum value for at least one operating limit parameter associated with delivery of the medication to the patient based on the patient-specific information. In certain aspects of the system, the processor being configured to provide the modification of the operating limit parameters based on the patient-specific information includes the processor being configured to define at least one of a pair of a soft maximum value that can be exceeded and a hard maximum value that cannot be exceeded, and a soft minimum value that can be exceeded and a hard minimum value that cannot be exceeded for at least one operating limit parameter associated with delivery of the medication to the patient based on the patient-specific information. The processor can further be configured to provide a notification to the medical device indicating that the operating limit parameters for providing the medication to the patient have been modified based on the patient-specific information. The processor can further be configured to receive an input from a caregiver to override the modification of the operating limit parameters. The input from the caregiver can include an indication why the caregiver overrode the modification of the operating limit parameters. The processor can further be configured to record when the caregiver overrides the modification of the operating limit parameters. The processor can further be configured to receive configuration parameters for determining whether to provide the notification to the medical device based on at least one of an identity of a caregiver, identification of a location of the medical device, or an institutional preference. The patient-specific information can be received from an external data system in a native message format of the external data system and converted into an internal messaging format configured for use with the limiting system.

According to another embodiment of the present disclosure, a method for use with a medical device to reduce medication errors is provided. The method includes receiving patient-specific information for a patient, and comparing the patient-specific information with a database includes acceptable operating parameters for a medical device. The method also includes providing a modification of operating limit parameters of the medical device for providing a medication to the patient based on the comparison of the patient-specific information with the acceptable operating parameters.

In certain aspects of the method, the medical device is configurable with operating limit parameters for providing a mixture includes a plurality of medications to a patient, and the database includes acceptable operating parameters for providing the mixture to the patient using the medical device. The patient-specific information can include laboratory data for the patient. The laboratory data can include at least one of a blood coagulation measure, a vitamin level,

a platelet count value, a thromboplastin time, or a plasma/serum concentration of medication, or other physiologic component, such as electrolyte concentration. The patient-specific information can include at least one of a medication ordered for the patient, a time at which the medication is ordered for the patient, a treatment plan for the patient, a medication resistance of the patient, a weight of the patient, a height of the patient, a body surface area of the patient, an age of the patient, a gender of the patient, genetic makeup of the patient, or an ethnicity of the patient. Comparing the acceptable operating parameters with the patient-specific information can include comparing a first weight of the patient provided to the medical device with a second weight of the patient provided to another medical device. Providing the modification of the operating limit parameters for providing the medication to the patient can include modifying the operating limit parameters based on a determination of the acceptable operating parameters for a person having the patient's body surface area. The acceptable operating parameters can include a plurality of rules indicating whether the patient-specific information can include a value that is within or exceeds a threshold define by at least one of the plurality of rules. At least one of the rules can indicate a maximum total amount of the medication to provide to the patient over a period of time. The medical device can include an infusion pump. The operating limit parameters can include at least one of a rate at which to provide the medication, an amount of the medication to provide, and a length of time to provide the medication. In certain aspects of the method, providing the modification of the operating limit parameters based on the patient-specific information can include defining at least one of a maximum value or minimum value for at least one operating limit parameter associated with delivery of the medication to the patient based on the patient-specific information. In certain aspects of the method, providing the modification of the operating limit parameters based on the patient-specific information can include defining at least one of a pair of a soft maximum value that can be exceeded and a hard maximum value that cannot be exceeded, or a soft minimum value that can be exceeded and a hard minimum value that cannot be exceeded for at least one operating limit parameter associated with delivery of the medication to the patient based on the patient-specific information. In certain aspects of the method, the method further includes providing a notification to the medical device indicating that the operating limit parameters for providing the medication to the patient have been modified based on the patient-specific information. The method can further include receiving an input from a caregiver to override the modification of the operating limit parameters. The input from the caregiver can include an indication why the caregiver overrode the modification of the operating limit parameters. The method can further include recording when the caregiver overrides the modification of the operating limit parameters. The method can further include receiving configuration parameters for determining whether to provide the notification to the medical device based on at least one of an identity of a caregiver, identification of a location of the medical device, or an institutional preference. The operating limit parameters of the medical device can be modified by a limiting system, and the patient-specific information can be received from an external data system in a native message format of the external data system and converted into an internal messaging format configured for use with the limiting system.

According to one embodiment of the present disclosure, a machine-readable storage medium includes machine-read-

able instructions for causing a processor to execute a method for use with a medical device to reduce medication errors is provided. The method includes receiving patient-specific information for a patient, and comparing the patient-specific information with a database includes acceptable operating parameters for a medical device. The method also includes providing the modification of operating limit parameters of the medical device for providing a medication to the patient based on the comparison of the patient-specific information with the acceptable operating parameters.

It is understood that other configurations of the subject technology will become readily apparent to those skilled in the art from the following detailed description, wherein various configurations of the subject technology are shown and described by way of illustration. As will be realized, the subject technology is capable of other and different configurations and its several details are capable of modification in various other respects, all without departing from the scope of the subject technology. Accordingly, the drawings and detailed description are to be regarded as illustrative in nature and not as restrictive.

BRIEF DESCRIPTION OF THE DRAWINGS

The accompanying drawings, which are included to provide further understanding and are incorporated in and constitute a part of this specification, illustrate disclosed embodiments and together with the description serve to explain the principles of the disclosed embodiments. In the drawings:

FIG. 1 is a block diagram and graphical representation of a care management system for reducing the possibility of medication errors.

FIG. 2 is a block diagram illustrating an example control system, server, and medical device from the architecture of FIG. 1 according to certain aspects of the disclosure.

FIG. 3 is functional block diagram illustrating an example process for reducing medication errors for a patient using a programmable medical device, such as an infusion pump, and a control system, by referencing a guidelines database in view of information specific to the patient.

FIG. 4 is a block diagram illustrating an example computer system with which the control system, server, and medical device of FIG. 2 can be implemented.

DETAILED DESCRIPTION

In the following detailed description, numerous specific details are set forth to provide a full understanding of the present disclosure. It will be apparent, however, to one ordinarily skilled in the art that the embodiments of the present disclosure may be practiced without some of these specific details. In other instances, well-known structures and techniques have not been shown in detail so as not to obscure the disclosure.

The present disclosure provides a system that evaluates patient-specific data, such as a patient's laboratory results or characteristics (e.g., height, weight, gender, body surface area, medical history), in order to determine operating limit parameters (or "dynamic guardrails") for a medical device such as an infusion pump. Incorporating patient-specific laboratory results and other data provides a capability to notify a clinician of scenarios to prevent potential clinical harm. Furthermore, incorporation of a patient's laboratory results and other relevant patient data can assist clinicians in monitoring and intervening in situations related to appropriate methods of intravenous drug administration. The

present disclosure also provides for verifying that the right treatment, based on data specific to the right patient, has been given in the right manner, in the right amount, and at the right time.

Several examples will now be presented regarding how the disclosed system can assist clinicians in patient therapy. The disclosed system can, for example, notify a clinician at a medical device that a patient's condition has changed (e.g. change in kidney function and liver function or increasing white blood cell count) and automatically modify (or present modifications to) the parameters, such as maximum and minimum infusion limits, for infusing a medication to the patient based on the changed condition for verification by the clinician. The disclosed system can also, for example, automatically modify infusion parameters if a patient enters a critical situation, such as a changing lab value or other condition. The disclosed system can further, for example, modify the parameters for infusing a medication to a patient if the medication being infused is not associated with an active medication order for the patient. As another example, the disclosed system can modify parameters for infusion of an antibiotic to a patient based on when and how or when the antibiotic was previously infused to the patient. The disclosed system can, for example, modify parameters for infusing an antibiotic if an organism affecting the patient is known to be resistant to the antibiotic. As yet another example, the disclosed system can modify parameters for infusing a medication to a patient if the patient's record indicates the infusion should be discontinued. As another example, when an active order does not exist for a patient associated with a medical device, the disclosed system can send a message to the relevant clinician asking for an order or clarification, such as where a clinician may have given a verbal order that has not been documented or where an infusion may have been ordered to be discontinued but such order was missed.

Referring now to the drawings, FIG. 1 provides an example illustration of an integrated healthcare facility-wide information and care management system 28 in accordance with certain aspects of the present disclosure. Various subsystems of a healthcare facility's information management system are connected together by way of a facility communication system 30. The communication system 30 may include, for example, any one or more of a personal area network (PAN), a local area network (LAN), a campus area network (CAN), a metropolitan area network (MAN), a wide area network (WAN), a broadband network (BBN), the Internet, and the like. Further, the communication system 30 can include, but is not limited to, any one or more of the following network topologies, including a bus network, a star network, a ring network, a mesh network, a star-bus network, tree or hierarchical network, and the like. As shown in FIG. 1, the communication system 30 connects through various interfaces 32 to a healthcare facility information system 34, a pharmacy information system 36, a patient information database 62, a physician order entry system 38, a medication guidelines database 60, and a control system 40 (or "limiting system").

The facility communication system 30 is not meant to be taken in a limited sense. Such a facility communication system 30 may encompass an entire healthcare facility or may be located only in a small area of the healthcare facility. It may also include a communication system in a healthcare facility other than a hospital and may have application to an alternate care facility, such as a patient's home. Additionally, the word caregiver is intended to be used in its broadest

sense and is meant to include nurses, physicians, health care specialists, and others who provide care to patients.

The control system **40** in accordance with an aspect of the present disclosure may be, for example, a server or other computer having sufficient memory **42** and processing capability to connect with the communication system **30** and configure a medical device **80**. The control system **40** includes operational software or other instructions for carrying out various aspects of the present disclosure, as will be discussed more fully below, enabling communications with other hardware or networks, and data input and output and report generation and printing, among other functions. While the control system **40** is shown as a separate piece of equipment, it will be understood that the control system **40** and the associated memory **42** may also be incorporated into another element, such as the medical device **80**.

The communication system **30** may comprise, for example, a wired or wireless Ethernet (IEEE 522.3) utilizing transmitters and receivers positioned throughout the healthcare facility and/or attached to various computers, clinical devices and other equipment used in the facility. In such a wireless system, the signals transmitted and received by the system could be radio frequency (RF), infrared (IR), or other means capable of carrying information in a wireless manner between devices having appropriate transmitters or receivers may be used. It will be immediately understood by those skilled in the art that such a system may be identical to the system set forth in FIG. 1, with the exception that no wires are required to interconnect the various aspects of the system.

In a typical healthcare facility, patient rooms, wards, or areas are typically situated in groups located near a nurse station **44**, where the caregivers assigned to care for the patients in the particular area carry out the administrative functions of their duties. Typically, these functions include updating and monitoring the patients' charts, preparation of and administering medication orders, and monitoring and recording any other information deemed necessary by the facility for tracking. There is also usually a room located adjacent the nurse station that is dedicated to storage and/or the preparation of medications to be delivered to patients. This room may contain inventories of commonly used oral, IM, or IV medications. The room may also be used to formulate the contents of infusion bags in accordance with prescribed treatment regimens.

The nurse station **44** will typically include a terminal or computer system **46** connected either directly or through an interface **48** to the communication system **30**, allowing users at the nurse station to enter and retrieve patient data or information from other systems, such as the healthcare facility information system **34**, the pharmacy information system **36**, the physician order entry system **38**, or other systems used in the facility. It should be understood that not all users will be provided with access rights to each system. For example, physicians may be able to access the physician order entry system **38** from the nurse station system **44** to enter, edit, or track medication orders, but a caregiver may only be able to view such orders. Moreover, while the present disclosure is described with reference to the computer system **46** being located at a nurse station **44**, the computer system **46** may also be a satellite system that is located anywhere in the care-giving facility where it is convenient or efficient to do so. Such a satellite computer system may be operably connected to the communication system **30** using either a wired or wireless network connection. A printer **50** may also be connected to the nurse station computer system **46** for printing reports, bar codes, labels, or

other materials, and a bar code reader **52** may be provided for reading bar codes on medication labels, reports, or other items having bar coded labels provided for identification.

In a different embodiment where radio frequency identification (RFID) tags are used with medications, patients, equipment, or in other ways, the nurse station **44** may also include an interrogator or RFID reader (not shown) for use with the RFID tags.

In accordance with aspects of the present disclosure, a medication database carrier (MDC) or medication guidelines database **60** stores information that is provided to monitor medication parameters or other information used by a caregiver to program a medication administration device **80** to deliver medication to a patient. Various types of information may be stored in the memory of the medications guidelines database **60**, including data bases containing information about drug interactions and possible contraindications and/or side-effects of medications, and established guidelines for the administration of various medications. For example, the guidelines may include institutionally-established guidelines or limits on drug administration parameters, such as dosage, frequency of administration, and other delivery related information such as, for example, appropriate flow rates and infusion durations for programming infusion pumps. Additionally, the guidelines may encompass guidelines for providing drug administration appropriate to a particular patient or to treatment areas having different sets of delivery parameters for similar medications, such as medication administration directed to geriatric, pediatric, and oncology patients. Guidelines may also be included that are directed to particular therapy regimens, such as chemotherapy regimens or regimens for treating chronic infection or pain. The term database as used herein will be understood by those skilled in the art to be used as is commonly understood. That is, the term database refers to a collection of values or information organized, formatted, and stored in such a manner as to be capable of being retrieved and analyzed using an appropriate program contained in software or other form.

In one embodiment of the present disclosure, the medications guidelines database **60** may be interfaced to the nurse station computer system **46** or any other of the information systems of the central system of an institution through a cradle or other docking device that provides a connection between the medications guidelines database **60** and the computer system **46**. In this embodiment, use of the cradle allows information to flow between the medications guidelines database **60** and the nurse computer system **46**. This information may then be processed and stored on the computer system **46**, or the information may be communicated by the computer system **46** through the interface **48** to various other facility information systems over the communication system **30**. In this manner, information from the pharmacy information system **30**, for example, may be communicated through the communication system **30**, the nurse station **44** computer system **46**, and to the medications guidelines database **60**. Similarly, information contained within the medications guidelines database **60** may be communicated through the nurse station computer system **46**, the interface **48**, and the communication system **30** to any of the interconnected systems **34**, **36**, **38**, **40**, or **62**.

The medications guidelines database **60** may be stored on a device, such as a server. The healthcare facility may also or alternatively have the medication guidelines database **60** centrally located in the memory **42** of the control system **40**. The medication guidelines database **60** includes medication information and/or databases or libraries, including institu-

tionally generated guidelines for the delivery of medication to a patient, as well as drug interaction information or information concerning possible drug side-effects, and that is portable such that it can be carried by a caregiver to and from a patient's bedside. The medications guidelines database 60 may also have a storage capability and technology for interfacing with a computer system or network so that information may be communicated between the medications guidelines database 60 and other devices, such as computers, medication administration devices, clinical devices such as vital signs monitoring devices and the like.

A general concept embodied in the medications guidelines database 60 is to provide medication administration parameters or other information that may be entered into a medication administration device 80, such as an infusion pump

In accordance with aspects of the present disclosure, the control system 40 is configured to obtain patient-specific information from the patient information database 62, medication information from the medication guidelines database 60, and device information from the medical device 80. The patient information database 62 may itself obtain and store patient-specific information retrieved from the physician order entry system 38, the pharmacy information system 36, and the healthcare facility information system 34. In certain aspects, information may be retrieved from the medical device 80 prior to actual medication administration, and the control system 40 can evaluate the medication information from the medication guidelines database 60 in view of the patient-specific information for the patient associated with the medical device 80 to determine if parameters entered into the medical device 60 fall within institutionally established guidelines for the administration of a particular medication. If the comparison indicates that the parameters or information entered into the medication administration device are appropriate in that they fall within the established guidelines, then an indication to that effect may be provided to the caregiver and the caregiver may then begin medication administration.

Alternatively, if the comparison indicates that one or more parameters or information do not meet the established guidelines, a warning or alert may be provided to the caregiver that one or more parameters or a portion of information has been incorrectly entered into the medication administration device, and that corrective action or an override is required before medication administration can begin. In another embodiment, the medication administration device may be automatically inhibited from starting administration of a medication unless it receives a signal from the control system 40 that the comparison was favorable, thus providing a fail-safe against incorrect administration of the medication.

For example, a patient's laboratory testing results indicate the patient has reduced renal function. The prescribed medication for the patient, however, will further reduce renal function in any patient, which, if the patient were to have normal renal function, would still fall within institutionally established guidelines as defined by the medication guidelines database 60. This specific patient, however, has reduced renal function. Based on the identification of specific information of the patient regarding the patient's reduced renal function, the control system 40 will display an alert at the medical device 80 for providing the prescribed medication, and optionally restrict a caregiver from administering the prescribed medication using the medical device 80.

In certain aspects, information may be retrieved information from the medical device 80 after actual medication

administration begins, and the control system 40 can evaluate the medication information from the medication guidelines database 60 in view of the patient-specific information for the patient associated with the medical device 80 to determine if the parameters currently being used by the medical device 60 fall within institutionally established guidelines for the administration of a particular medication. For instance, the evaluation for a medication being administered may occur during administration of the medication, such as when doses are adjusted, for example, to maintain blood pressure or heart rate or blood sugar levels. Errors may then be prevented and advisories posted at any point during the medication administration, which may be over 10 minutes, 10 hours, or even 10 days.

Institutionally established guidelines or more widely accepted protocols for the administration of medications stored in the medication guidelines database 60 include, for example, medication administration parameters or other information, such as bolus size, maximum dose per hour, maximum continuous dose, volume to be infused, flow rate, and maximum concentration. The medication guidelines database 60 may have preestablished values for infusion parameters that have been generated by the healthcare facility or adopted by the facility. They may comprise the considered "best practices" of the facility and may be updated from time to time. These preestablished values may contain "hard" and "soft" limit values or dynamic guardrails on dosing parameters and other infusion parameters. The facility may set a soft limit for a drug infusion parameter that is a value not normally exceeded in the administration of this drug, but which may be exceeded in exceptional circumstances. The facility may set a hard limit on a drug infusion parameter that is a value not to be exceeded in this facility. Similarly, the facility may set a soft limit value for a drug infusion parameter for doses that are below a normal range used by the facility, and a hard limit on a drug infusion parameter that is a value below which a dose may not be given in the facility. In such circumstances, a low or high dose alert may be triggered to prevent potential underdosing or overdosing.

Once the infusion parameter values have been entered into the medical device 80 by the caregiver and those values have been communicated to the control system 40, the control system 40 may then enter a verification stage in which it compares each of the selected values against the medication guidelines database 60 and patient-specific information from the patient information database 62 to verify that the entered infusion values are within acceptable ranges. If a value contravenes a hard limit, the control system 40 may generate an alarm at the control system 40 or the medical device 80 and require a value change before operation of the medical device 80 can begin. If the selected infusion parameter value contravenes a soft limit, the control system 40 may require an acknowledgment from the caregiver that he or she understands that the value entered is outside a soft limit and that this value is nevertheless to remain in force before the medication administration can begin. In certain aspects, the control system 40 may also require that the caregiver provide a reason for entering the value. If the acknowledgment is obtained from the caregiver, the control system 40 may authorize the administration of the medication by the medical device 80.

The control system 40 is capable of retrieving medication administration parameters or information from a medication administration device 80, and storing data or information concerning various transactions in its memory 42 representing the identity and treatment regimens for medications

given to a patient, as well as other information, such as caregiver identity, equipment location, patient vital signs information, or any other information sought to be recorded. The control system 40 may also store data or information concerning primary or secondary validation of previous and/or duplicate transactions of medical treatment information. The control system 40 may also provide, for display, messages or other information to a caregiver, such as warnings or prompts to enter data, related to medication administration. Moreover, information entry means of the control system 40 may be used for manually entering information into the control system 40 for storage in the memory 42 of the control system 40. In certain aspects, the control system 40 may store information in memory 42 representing patient specific treatments spanning multiple treatments or hospitalizations. For example, the control system 40 may identify and track how much chemotherapy a patient receives in order to prevent a maximum dosage of chemotherapy over a time period being exceeded. As another example, the control system 40 may identify and track how much alcohol is contained in a medication being provided to the patient in order to prevent a certain amount of alcohol being exceeded for a patient having liver failure.

While specific examples of a control system 40 are set forth herein, it will be understood that the control system 40 is meant to include any device that carries out the basic concept of the disclosure. That is, a device that receives medication administration or treatment information from a medication administration device, such as, for example, but not limited to, an infusion pump or other instrument which performs similar functions, receives information specific to one or many patients, and has a processor capable of comparing the received information to institutionally established medication administration guidelines or other pertinent information or data, such as drug interaction information and/or a library of possible side-effects, and then providing an indication of the result of the comparison to a caregiver before administration of a medication to a patient is begun, will accomplish the aims of the present disclosure. A particularly advantageous embodiment includes storing information about the medication administration, such as the medication administration or treatment parameters, and/or other information, such as the identity of the patient and caregiver, in the memory of the medications guidelines database 60 until the medications guidelines database 60 re-establishes a communication connection with the control system 40, whereby the information stored in the memory of the medications guidelines database 60 may be communicated to the control system 40 and incorporated into one or more of an institution's information databases. Similarly, information about the medication administration, such as the medication administration or treatment parameters, and/or other information, such as the identity of the patient and caregiver, may be stored in the memory of the medical device 80 until, for example, the medical device 80 re-establishes a communication connection with the control system 40. Updating the databases provides a verification that the treatment has been rendered, thereby avoiding a duplicate treatment. In this manner, the present disclosure "closes the loop" ensuring that the right medication has been given in the right manner to the right patient through the rights route at the right time.

It is not unusual at present to find patient stations 70 having a computer 72 located at patient bedsides in a healthcare facility. Such stations 70 may serve a single patient, or may serve more than one patient, depending on the design and arrangement of the patient area. There may

also be a variety of equipment or clinical devices attached to the bedside computer 72. Examples of such devices are a bar code reader 74, a printer 76, patient monitoring equipment (not shown) for monitoring patient vital signs, or other patient-specific assets (e.g., medical devices) assigned to the patient. Other infusion or drug delivery devices and/or patient monitoring equipment such as cardiac or respiratory monitors may also comprise or form a part of the medical device.

The bedside equipment and clinical devices are typically equipped with data communication technology such as RS 232 serial ports or proprietary communication ports that allow information and data to be communicated to and from the equipment or clinical device. Using this communication technology, the bedside equipment and clinical devices may be connected to the bedside computer 72, or, alternatively, they may be connected, either by wire or wireless system, to the facility communication system 30. Wireless technology, such as RF, infrared (IR), or other wireless communication protocols, may be used, and wired technology establishing a local area network (LAN), Ethernet, or others may be used.

In accordance with an aspect of the present disclosure, the medical device 80 may include a communication device 82 used to provide communications between the medical device and the control system 40. Various forms of such a communication device may be used, such as wired or wireless communication.

One particular mode of operation of the present disclosure will now be described. A patient entering a healthcare facility is provided with a wrist band, necklace, ankle band, or other band, chain, or device designed to remain affixed to or embedded in the patient during the patient's entire stay in the healthcare facility (the "patient ID"). The patient ID is designed to remain affixed in a manner so that the patient can be identified even if unconscious or otherwise unresponsive. The patient ID is used to identify specific patient data, such as the patient's name and other information that the facility has determined is important, such as age, allergies, or other vital information. The patient identifying device may comprise a bar code, written information, or an electronic information storage device, such as an RF transponder (e.g., RFID tag), that contains the information, or other device affixed to the patient. In the case where the patient-specification information may also include the patient's medication administration record (MAR). This would allow for consistent documentation and also checks against drug interaction in the medication guidelines database 60.

Such RFID tags, barcodes, and other technologies useful in identification, may be applied to others and to other things in providing healthcare to patients. For example, physicians, nurses, and other caregivers, as well as others who have access to patients and facilities, may also have an RFID tag that can be read anywhere in the healthcare facility. The medical fluid containers may contain RFID tags having information about the contents of the container as well as the patient for whom they have been prepared, the pharmacist who prepared them, and the physician who prescribed them. The infusion pumps and other healthcare instruments and devices may have RFID tags useful for inventory control. Even though the instruments may be connected to the healthcare facility communication system 30, RFID tags can be useful for manual inventory purposes as well as for other purposes. Their low cost make them attractive as a backup support system.

After the patient is admitted and situated in a bed within the facility, the patient is typically evaluated by a physician and a course of treatment is prescribed. The physician

prescribes a course of treatment by preparing an order that may request a series of laboratory tests or the administration of a particular medication to the patient. In some case, the physician prepares the order by filling in a form or writing the order on a slip of paper to be entered into the healthcare facility system for providing care. In other cases, the physician may enter the medication order directly into a physician order entry system **38** (FIG. 1) or may instruct a nurse or other care-giving professional to do so. In yet another case, the physician may use the Internet to forward and enter a prescription for the patient into the pharmacy system. Depending on the arrangement at the healthcare facility, the physician's order or prescription may directly reach a website for the pharmacy information system **36** or may go to a website for the healthcare facility where it may then be routed to the pharmacy information system **36**.

Pharmacy information systems **36** may enable a safer physician medication order process. The pharmacy information system **36** may provide the physician with a list of available drugs from which the physician may select. The pharmacy information system **36** may contain a drug library having the list of available drugs but may also contain and present to the physician the drug names associated with recommended dosages and dose limits that have been established or adopted by the healthcare facility. In such a case where the physician need only select items from the computer screen rather than having to manually type in drug names and drug administration numbers (such as infusion rates, times, etc.) associated with administration of the medication, a more accurate medication process should result.

If the order is for administration of a particular medication regimen, the order will be transmitted to the facility's pharmacy information system **36**. The pharmacy reviews the order and prepares the medication according to the requirements of the physician. Typically, the pharmacy packages the medication in a container, and a copy of the order, or at a minimum the patient's name, the drug name, and the appropriate treatment parameters are represented on a label or other device that is affixed to the drug container. This information may be represented by a bar code, or it may be stored in a smart label, such as a label having an embedded computer, or in a passive device such as an RFID tag discussed above.

Once the order has been prepared, the order is sent to the nurse station **44** for matching with the appropriate patient. Alternatively, if the medication is for a commonly or routinely prescribed medication, the medication may be included in an inventory of medications that is stored in a secure cabinet adjacent the nurse station **44**. In such a case, the nurse station **44** will receive a list of orders from the pharmacy information system **36** that may be drawn from the inventory adjacent the nurse station **44**. The caregiver will enter a unique identifier at the cabinet to gain access in accordance with standard practice. The caregiver or other professional assigned the task of gathering medications will then match the orders received from the pharmacy information system **60** to the medications stored in the inventory and pull those medications that are to be delivered to specific patients. These procedures are carried out whether the medication to be delivered is an oral medication, or a medication that is to be delivered intramuscularly or through an infusion.

When the prescribed time for delivery of the medication or medications arrives, the medications are carried to the patient's area and administered to the patient by the caregiver. In the case of drugs to be delivered via infusion, the

caregiver hangs the infusion bag and prepares the infusion line, attaches the bag to an infusion pump **80**, and sets up the infusion pump to deliver the medication by programming the pump with values for various parameters that are used by the pump to control delivery of the medication to the patient. When the medication delivery parameters are entered into the pump, the pump communicates the entered parameters to the medications guidelines database **60** where the parameters are compared by the control system **40** to institutionally established medication administration guidelines stored in the medication guidelines database **60** in view of patient-specific information from the patient information database **62**. If the outcome of the comparison indicates that the entered parameters are within the guidelines, a message is provided to the caregiver informing the caregiver that the entered parameters are acceptable and that delivery of the medication may begin.

Alternatively, the infusion pump may include a fail-safe circuit or device that prohibits initiation of infusion until the medical device **80** receives a signal from the medications guidelines database **60** that the entered parameters are within the institutionally established or approved guidelines. Once such a signal is received by the infusion pump, the pump may be started to deliver the medication. Where the comparison is not favorable, such as where one or more parameters fall outside of the institutionally established or approved guidelines, a message to that effect is provided to the caregiver, and the caregiver is prompted to correct the out-of-range parameter or parameters, or enter an override. It will be understood by those skilled in the art that these procedures may be embodied in a portable medications guidelines database **60** such as a PDA as described above, or they may be embodied in an MDC that is integrated in or associated with a particular medical device.

FIG. 2 is a block diagram **200** illustrating an example control system **40** (or "limiting system"), medical device **80**, and server **130** from the architecture of FIG. 1 according to certain aspects of the disclosure. The control system **40**, the medical device **80**, and the server **130** are connected over the network **30** via respective communications modules **210**, **156**, and **138**. The communications modules **210**, **156**, and **138** are configured to interface with the network **30** to send and receive information, such as data, requests, responses, and commands to other devices on the network. The communications modules **210**, **156**, and **138** can be, for example, modems or Ethernet cards and communicate over a wired or wireless connection.

The control system **40** includes a processor **212**, the communications module **210**, and a memory **42** that includes a control application **208** and a medication guidelines database **60**. The medication guidelines database includes acceptable operating parameters for providing medication to a patient using the medical device **80**. In certain aspects, the acceptable operating parameters of the medication guidelines database **60** include a plurality of rules indicating whether the patient-specific information includes a value (e.g., physiological data reading) that is within or exceeds a threshold define by at least one of the rules. The rule can indicate, for example, a maximum or minimum total amount of the medication to provide to the patient over a period of time. For example, if a medication is provided solely based on an obese patient's weight, then the amount of the medication given over a one hour period may significantly exceed known safety limits. Accordingly, a limit may be placed on delivery of the medication based on a total amount of medication delivered (as non-weight based) or the total amount delivered over a period of time

where the medication was programmed by the user as a weight based delivery. This addresses the patent of increased safety during medication delivery when programming an infusion as weight based medication and the limits for that medication are established within the hospital dataset as both 1) weight based limits and 2) non-weight based (not-to-exceed) limits. As such, the acceptable operating limit parameters in the medication guidelines database 60 can be hard or soft limits/guardrails. The acceptable operating limit parameters in the medication guidelines database 60 can include a rate at which to provide the medication, an amount of the medication to provide, and a length of time to provide the medication.

The medical device 80 is configurable with operating limit parameters for providing medication to a patient. The medical device 80 can be, for example, an infusion pump or ventilator. The medical device 80 includes an input device 216, such as a keypad, for manual entry of operating parameters 234 (e.g., dosing limits), as well as a display device 214, such as a monitor, for notifications and confirmation of entered operating parameters 234.

The processor 212 of the control system 40 is configured to execute instructions, such as instructions physically coded into the processor 212, instructions received from software in memory 42, or a combination of both. For example, the processor 212 of the control system 40 executes instructions to receive patient-specific information for a patient from a patient information database 62 stored in a memory 132 of a server 130. The patient-specific information can be received from an external data system (e.g., server 130) in a native message format of the external data system, and the processor 212 of the control system 40 can be configured to convert the patient-specific information into an internal messaging format configured for use with the control system 40. The processor 212 can be configured to perform the conversion according to the system and method of converting messages being sent between data systems using different communication protocols and message structures described in U.S. patent application Ser. No. 13/421,776, entitled "Scalable Communication System," and filed on Mar. 15, 2012, the disclosure of which is hereby incorporated by reference in its entirety for all purposes. The memory 42 of the control system 40 can include, for example, an interface module for communicating with the server 130. The interface module can include information on the communication protocol and data structure used by the server 130 and is configured to both receive messages from and transmit messages to the server 130.

The processor 136 of the server 130 is configured to collect and store in the patient information database 62 patient-specific information from the physician order entry system 38, pharmacy information system 36, and healthcare facility information system 34 over the network 30. In certain aspects, the patient information database 62 can be stored in the memory 42 of the control system 40. The patient-specific information includes, for example, laboratory data for a patient. The laboratory data can include a blood coagulation measure, a vitamin level, a platelet count value, a thromboplastin time, or a serum level for a patient. The patient-specific information can also include a medication ordered for the patient, a time at which the medication is ordered for the patient, a treatment plan for the patient, a medication resistance of the patient, a weight of the patient, a height of the patient, a body surface area of the patient, an age of the patient, a gender of the patient, or an ethnicity of the patient.

The processor 212 of the control system 40 is configured to compare the acceptable operating parameters in the medication guidelines database 60 with the patient-specific information from the patient information database 62, and provide a modification (e.g., by instructing a processor 143 of the medical device 80) the operating parameters 234 in the memory 234 of the medical device 80 for providing the medication to the patient based on the comparison of the acceptable operating parameters with the patient-specific information. The modified operating parameters 234 can be provided for display on the display device 214 of the medical device 80, or can automatically be implemented in the operating parameters 234 of the medical device 80.

The processor 212 can, for example, modify the operating parameters 234 based on the patient-specific information by defining at least one of a maximum value or minimum value for at least one operating parameter 234 associated with delivery of the medication to the patient based on the patient-specific information. The processor 212 can, for example, modify the operating parameters 234 based on the patient-specific information by defining at least one of a pair of a soft maximum value that can be exceeded and a hard maximum value that cannot be exceeded, or a soft minimum value that can be exceeded and a hard minimum value that cannot be exceeded for at least one operating parameter 234 associated with delivery of the medication to the patient based on the patient-specific information from the patient information database 62.

Several examples of modifications made by the control system 40 to the operating parameters 234 of the medical device 80 based on patient-specific information and the medication guidelines database 60 will now be presented. In one example, if information specific to a patient indicates the patient has two consecutive blood sugar results greater than 180 mg/dL within a 24 hour period, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hyperglycemia. As a further example, if information specific to a patient indicates the patient has a blood sugar result of less than 70 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypoglycemia (e.g., to decrease an amount of insulin being provided to the patient). As yet another example, if information specific to a patient indicates the patient has a serum potassium result of less than or equal to 3.2, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypokalemia, and optionally recommending an increase an amount of potassium being provided to the patient. As another example, if information specific to a patient indicates the patient has a serum potassium result of less than or equal to 3.5 while on digoxin or dofetilide, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypokalemia while taking medications. As a further example, if information specific to a patient indicates the patient has a serum potassium result of greater than or equal to 5.0 while on angiotensin converting enzyme inhibitors, angiotensin receptor II blockers, potassium sparing diuretics, potassium supplements, or aliskiren, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hyperkalemia while taking medications. As another

example, if information specific to a patient indicates the patient has a serum calcium result of less than 8.6 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypocalcemia. As yet another example, if information specific to a patient indicates the patient has a serum calcium result of greater than 10.2 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypercalcemia. As a further example, if information specific to a patient indicates the patient has a serum magnesium result of less than 1.5 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypomagnesemia.

As another example, if information specific to a patient indicates the patient has a serum magnesium result of more than 2.4 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypermagnesemia. As yet another example, if information specific to a patient indicates the patient has a serum phosphate result of less than 2.7 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hypophosphatemia. As a further example, if information specific to a patient indicates the patient has a serum phosphate result of more than 4.5 mg/dL, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from hyperphosphatemia. As another example, if information specific to a patient indicates the patient has a serum magnesium or serum phosphorus concentration above a threshold value (e.g., set by a user), then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from high or low magnesium or high or low phosphorus.

In one example, if information specific to a patient indicates the patient has a blood coagulation measure or "INR" greater than 3.0, and Vitamin K has been ordered for the patient within 24 hours of the INR collected date and time, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect high INR and Vitamin K for the patient. As another example, if information specific to a patient indicates the patient has an INR greater than 3.5 within 72 hours of an order of Warfarin for the patient, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect high INR and Warfarin for the patient. As another example, if information specific to a patient indicates the patient has platelet count less than 125,000/L, or that the patient's platelet count has fallen by more than 50% while on (or within 14 hours after a discontinuation of) a certain medication, such as unfractionated heparin, dalteparin, enoxaparin, tinzaparin, or glycoprotein inhibitors, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect the patient suffering from thrombocytopenia and a critical drop in a drug. As another example, if information specific to a patient indicates the patient has not had a baseline platelet count within seven days prior to the start of a scheduled dose of

heparin, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect not having a baseline platelet prior to starting heparin. As another example, if information specific to a patient indicates the patient has not had a platelet count performed within a certain number of hours once heparin has been active for four days, then the operating parameters 234 of the medical device 80 providing medication to the patient can be modified by the control system 40 to reflect no platelet count within the certain number of hours and having taken heparin for four days.

In certain aspects where the medical device 80 is configurable with operating parameters 234 for providing a mixture comprising at least two medications to a patient, the medication guidelines database 60 includes acceptable operating parameters for providing the mixture to the patient using the medical device. For example, if an anesthetic agent (e.g., Bupivacaine) is mixed with an analgesic agent (Fentanyl) in a single solution drug mixture cocktail, then the medication guidelines database 60 can evaluate the concentration of the two agents and determine limits for dosing the drug mixture cocktail based on the concentration of the two agents in the drug mixture cocktail.

In certain aspects, the processor 212 of the control system 50 being configured to compare the acceptable operating parameters from the medication guidelines database 60 with the patient-specific information from the patient information database 62 includes the processor comparing a first weight (e.g., lean body weight or total body weight) of the patient provided to the medical device 80 with a second weight (e.g., lean body weight or total body weight) of the patient provided to another medical device. For example, on a first channel, a patient's weight is based on lean body weight as 70 kilograms. On a second channel, the patient's weight is based on a total body weight of 80 kilograms. In other words, the control system 50 permits two medical devices 80 to accept different weights of a patient for different medications. The system would further allow the institution to establish an allowable percent or absolute value of variance between weights used on the same patient. For example if the allowed variance is 10%, then all weights in the system would have to be within 10% of one another. This would prevent patient weight entry errors that can result in serious over or under dosing. This is covered in Paragraph 0063 as well. Such functionality is particularly relevant for very obese patients that may have a significant difference in their lean body weight and their total body weight. Dosing a very obese patient that is based on total body weight can be inappropriate.

As such, the control system 40 is configured to place guardrails based on a patient's weight. Specifically, the control system 40 is configured to identify and compare the weight that is entered on the first channel and the second channel. For example, if an infusion is running on a pediatric patient of 10 kilograms on a first channel and when a second channel is being prepared a default weight of 10 kilograms is entered based on the first channel. The clinician accidentally enters "110" kilograms as the weight of the pediatric patient on the second channel, which may cause the pediatric patient to receive about ten times the amount of the drug they would be prescribed simply because of the clinician's error. The control system 40 can indicate, for example, that the patient's weight being entered is out or differs by a certain percentage (e.g., 10%, 20%) or by an absolute value, e.g., 5 pounds or kilograms set by a user or institution, and apply either hard or soft limits to the medication being provided to the patient.

In certain aspects, the processor **212** of the control system **50** being configured to modify the operating parameters **234** of the medical device **80** for providing the medication to the patient includes the processor **212** being configured to modify the operating parameters **234** based on a determination of the acceptable operating parameters for a person having the patient's body surface area (e.g., determined using information from the patient information database **62**). Body surface area or actual surface area of the patient can be a more accurate measure for dose modification by the control system **40** for determining the operating parameters **234** as compared to a patient's weight. In certain cases, a better therapeutic response can be obtained for a medication if the medication is dosed based on a patient's body surface area as opposed to the patient's weight. For example a lean patient weighing 350 lbs will have less body surface area than an obese patient weighing 350 lbs. If body surface area were not considered, then both patients would be given the same dose of a medication, which can be incorrect. If a medication is provided to a patient based on the patient's weight, but the body surface area indicates that the patient is being provided too much of the medication as determined by the control system **40**, then the control system **40** can modify the operating parameters **234** accordingly.

Similarly, in certain aspects, the processor **212** of the control system **50** being configured to modify the operating parameters **234** of the medical device **80** for providing the medication to the patient includes the processor **212** being configured to modify the operating parameters **234** based on a determination of the acceptable operating parameters for a person's weight. Patient weight can be an accurate measure for dose modification by the control system **40** for determining the operating parameters. In certain cases, a safer therapeutic response can be obtained for a medication if the medication does not exceed the maximum total dose (e.g., "not-to-exceed") that is dosed based not a patient's weight when the dose was programmed as a weight-based dose. For example if the medication was ordered by the physician and the dose was based on the patients weight and the maximum total dose (not-to-exceed) non-weight based limit was exceed an alert will be displayed to the user telling them the weight based dose programmed exceeds the hospital established database maximum (not-to-exceed) non-weight based limit. **350**)

In certain aspects, the processor **212** of the control system **40** is configured to provide a notification to the medical device **80** indicating that the operating parameters **234** for providing the medication to the patient have been modified based on the patient-specific information from the patient information database **62**. For example, the processor **212** of the control system **40** can instruct the processor **154** of the medical device **80** to display an alert with operating parameters **234** that have been modified by the control system **40** based on patient-specific information and the medication guidelines database **60**. The display can be seen by a clinician near the medical device **80**. In certain aspects, the processor **212** is further configured to receive an input from a caregiver to override the modification of the operating parameters **234**. Thus, the caregiver can override the modification provided by the control system **40** by using the input device **216** of the medical device **80**. In addition to a confirmation to override the modified operating parameters, the caregiver can also be required to provide a reason why the caregiver has overrode the modification of the operating parameters **234**. The processor is configured to record when

the caregiver overrides the modification of the operating parameters **234**, such as in the memory **42** of the control system **40**.

In certain aspects where the processor **212** of the control system **40** is configured to provide a notification to the medical device **80**, the processor **212** is configured to receive configuration parameters for determining whether to provide the notification based on an identity of a caregiver, identification of a location of the medical device, or an institutional preference. For example, the processor **212** can configure the medical device **80** to require a confirmation step for operating parameters **234** that exceed high limit warnings (e.g., a maximum amount for a medication dose), but not for low limit warnings (e.g., a minimum amount for the medication dose). As another example, the processor **212** can configure the medical device **80** to require a confirmation step for certain critical medications, or for a first time a medication is provided to a patient using the medical device **80**. The configuration for when to display an alert and for what reasons can be set by an institution in which the medical device **80** is located.

As yet another example, the processor **212** can configure the medical device **80** to display alerts and/or require a confirmation step based on a care area in which the medical device **80** is located or by the caregiver associated with the medical device. For instance, in an operating room, the operating parameters **234** for providing a medication are usually very different than the operating parameters **234** for providing a medication to a patient in a pediatric ward. The operating parameters **234** of the medical device **80** can be configured or otherwise modified by the control system **40** accordingly. As another example, if a caregiver associated with a medical device **80** is highly trained with over 10 years of experience, then an alert may not be displayed to the caregiver as compared to another caregiver with limited experience.

FIG. 3 is functional block diagram illustrating an example process for reducing medication errors for a patient using a programmable medical device **80** and a control system **40** by referencing a medication guidelines database **60** in view of information specific to the patient. Beginning in step **110**, a caregiver programs a medical device **80** with operating parameters **234** or other information necessary to deliver a particular medication to a patient. Next, in step **112**, a communication link between the medical device **80** and the medications guidelines database **60** is established. In certain aspects, the communication link between the medical device **80** and the medications guidelines database **60** is established prior to the caregiver programming the medical device **80**, where for example the medical device **80** may initially be programmed (e.g., for caregiver review and approval) by another system. The medical device **80** communicates the operating parameters **234** or other information to the control system **40** in step **114**. The processor **212** of the control system **40** then compares the communicated operating parameters **234** of the medical device **80** to institutionally established guidelines in the medication guidelines database **60** in view of patient-specific information for the patient received from the patient information database **62** of the server **130**. In decision step **118**, a determination is made whether any of the operating parameters **234** of the medical device **80** are out of range, that is, fall outside of the institutionally established guidelines or limits of the medication guidelines database **60** in view of the patient-specific information.

If it is determined that the operating parameters **234** of the medical device **80** are within range in view of the patient-

specific information, then the process proceeds to step 120 in which a confirmation message for the operating parameters 234 is sent to the medical device 80. Upon receipt of this confirmation message, the medical device 80 unlocks and allows initiation of the medication delivery by the medical device 80. This approach would have particular application to the hard and soft limits feature in the drug library, as discussed above. Should a soft limit be contravened, an input to the medical device 80 from the caregiver would be required before the control system 40 unlocks the medical device 80. Should a hard limit be contravened, the medical device 80 would not be unlocked by the control system 40. Next, in step 122, medication delivery by the medical device 80 is permitted to proceed.

If it is determined that any of the operating parameters 234 of the medical device 80 are out of range in view of the patient-specific information, then an alert is provided to the medical device 80 in step 124. The alert can be audible, visible, or both. For example, messages such as “consistent” or “not inconsistent” may be provided thus giving the caregiver further information upon which to base her decision as to using the medical device 80. These latter messages may indicate that the parameters are “consistent” with the healthcare facility guidelines stored in the control system 40. Next, in step 126, modified operating parameters 234 determined by the control system 40 based on the medication guidelines database 60 in view of the patient specific information from the patient information database 62 are provided to the medical device 80. If the modified operating parameters 234 are accepted in decision step 128, the process proceeds to step 120 described above. If the modified operating parameters 234 are not accepted in decision step 128, the process proceeds to beginning step 110 described above.

FIG. 4 is a block diagram illustrating an example computer system 400 with which the control system 40, medical device 80, and server 130 of FIG. 2 can be implemented. In certain aspects, the computer system 400 may be implemented using hardware or a combination of software and hardware, either in a dedicated server, or integrated into another entity, or distributed across multiple entities.

Computer system 400 (e.g., control system 40, medical device 80, and server 130) includes a bus 408 or other communication mechanism for communicating information, and a processor 402 (e.g., processor 212, 154, and 136) coupled with bus 408 for processing information. By way of example, the computer system 400 may be implemented with one or more processors 402. Processor 402 may be a general-purpose microprocessor, a microcontroller, a Digital Signal Processor (DSP), an Application Specific Integrated Circuit (ASIC), a Field Programmable Gate Array (FPGA), a Programmable Logic Device (PLD), a controller, a state machine, gated logic, discrete hardware components, or any other suitable entity that can perform calculations or other manipulations of information.

Computer system 400 can include, in addition to hardware, code that creates an execution environment for the computer program in question, e.g., code that constitutes processor firmware, a protocol stack, a database management system, an operating system, or a combination of one or more of them stored in an included memory 404 (e.g., memory 42, 152, and 132), such as a Random Access Memory (RAM), a flash memory, a Read Only Memory (ROM), a Programmable Read-Only Memory (PROM), an Erasable PROM (EPROM), registers, a hard disk, a removable disk, a CD-ROM, a DVD, or any other suitable storage device, coupled to bus 408 for storing information and

instructions to be executed by processor 402. The processor 402 and the memory 404 can be supplemented by, or incorporated in, special purpose logic circuitry.

The instructions may be stored in the memory 404 and implemented in one or more computer program products, i.e., one or more modules of computer program instructions encoded on a computer readable medium for execution by, or to control the operation of, the computer system 400, and according to any method well known to those of skill in the art, including, but not limited to, computer languages such as data-oriented languages (e.g., SQL, dBase), system languages (e.g., C, Objective-C, C++, Assembly), architectural languages (e.g., Java, .NET), and application languages (e.g., PHP, Ruby, Perl, Python). Instructions may also be implemented in computer languages such as array languages, aspect-oriented languages, assembly languages, authoring languages, command line interface languages, compiled languages, concurrent languages, curly-bracket languages, dataflow languages, data-structured languages, declarative languages, esoteric languages, extension languages, fourth-generation languages, functional languages, interactive mode languages, interpreted languages, iterative languages, list-based languages, little languages, logic-based languages, machine languages, macro languages, metaprogramming languages, multiparadigm languages, numerical analysis, non-English-based languages, object-oriented class-based languages, object-oriented prototype-based languages, off-side rule languages, procedural languages, reflective languages, rule-based languages, scripting languages, stack-based languages, synchronous languages, syntax handling languages, visual languages, with languages, embeddable languages, and xml-based languages. Memory 404 may also be used for storing temporary variable or other intermediate information during execution of instructions to be executed by processor 402.

A computer program as discussed herein does not necessarily correspond to a file in a file system. A program can be stored in a portion of a file that holds other programs or data (e.g., one or more scripts stored in a markup language document), in a single file dedicated to the program in question, or in multiple coordinated files (e.g., files that store one or more modules, subprograms, or portions of code). A computer program can be deployed to be executed on one computer or on multiple computers that are located at one site or distributed across multiple sites and interconnected by a communication network. The processes and logic flows described in this specification can be performed by one or more programmable processors executing one or more computer programs to perform functions by operating on input data and generating output.

Computer system 400 further includes a data storage device 406 such as a magnetic disk or optical disk, coupled to bus 408 for storing information and instructions. Computer system 400 may be coupled via input/output module 410 to various devices. The input/output module 410 can be any input/output module. Example input/output modules 410 include data ports such as USB ports. The input/output module 410 is configured to connect to a communications module 412. Example communications modules 412 (e.g., communications module 210, 156, and 138) include networking interface cards, such as Ethernet cards and modems. In certain aspects, the input/output module 410 is configured to connect to a plurality of devices, such as an input device 414 (e.g., input device 216) and/or an output device 416 (e.g., display device 214). Example input devices 414 include a keyboard and a pointing device, e.g., a mouse or a trackball, by which a user can provide input to the

computer system **400**. Other kinds of input devices **414** can be used to provide for interaction with a user as well, such as a tactile input device, visual input device, audio input device, or brain-computer interface device. For example, feedback provided to the user can be any form of sensory feedback, e.g., visual feedback, auditory feedback, or tactile feedback; and input from the user can be received in any form, including acoustic, speech, tactile, or brain wave input. Example output devices **416** include display devices, such as a LED (light emitting diode), CRT (cathode ray tube), or LCD (liquid crystal display) screen, for displaying information to the user.

According to one aspect of the present disclosure, the control system **40**, medical device **80**, and server **130** can be implemented using a computer system **400** in response to processor **402** executing one or more sequences of one or more instructions contained in memory **404**. Such instructions may be read into memory **404** from another machine-readable medium, such as data storage device **406**. Execution of the sequences of instructions contained in main memory **404** causes processor **402** to perform the process steps described herein. One or more processors in a multi-processing arrangement may also be employed to execute the sequences of instructions contained in memory **404**. In alternative aspects, hard-wired circuitry may be used in place of or in combination with software instructions to implement various aspects of the present disclosure. Thus, aspects of the present disclosure are not limited to any specific combination of hardware circuitry and software.

Various aspects of the subject matter described in this specification can be implemented in a computing system that includes a back end component, e.g., as a data server, or that includes a middleware component, e.g., an application server, or that includes a front end component, e.g., a client computer having a graphical user interface or a Web browser through which a user can interact with an implementation of the subject matter described in this specification, or any combination of one or more such back end, middleware, or front end components. The components of the system can be interconnected by any form or medium of digital data communication, e.g., a communication network. The communication network (e.g., network **30**) can include, for example, any one or more of a personal area network (PAN), a local area network (LAN), a campus area network (CAN), a metropolitan area network (MAN), a wide area network (WAN), a broadband network (BBN), the Internet, and the like. Further, the communication network can include, but is not limited to, for example, any one or more of the following network topologies, including a bus network, a star network, a ring network, a mesh network, a star-bus network, tree or hierarchical network, or the like. The communications modules can be, for example, modems or Ethernet cards.

Computing system **400** can include clients and servers. A client and server are generally remote from each other and typically interact through a communication network. The relationship of client and server arises by virtue of computer programs running on the respective computers and having a client-server relationship to each other. Computer system **400** can be, for example, and without limitation, a desktop computer, laptop computer, or tablet computer. Computer system **400** can also be embedded in another device, for example, and without limitation, a mobile telephone, a personal digital assistant (PDA), a mobile audio player, a Global Positioning System (GPS) receiver, a video game console, and/or a television set top box.

The term “machine-readable storage medium” or “computer readable medium” as used herein refers to any medium

or media that participates in providing instructions or data to processor **402** for execution. Such a medium may take many forms, including, but not limited to, non-volatile media, volatile media, and transmission media. Non-volatile media include, for example, optical disks, magnetic disks, or flash memory, such as data storage device **406**. Volatile media include dynamic memory, such as memory **404**. Transmission media include coaxial cables, copper wire, and fiber optics, including the wires that comprise bus **408**. Common forms of machine-readable media include, for example, floppy disk, a flexible disk, hard disk, magnetic tape, any other magnetic medium, a CD-ROM, DVD, any other optical medium, punch cards, paper tape, any other physical medium with patterns of holes, a RAM, a PROM, an EPROM, a FLASH EPROM, any other memory chip or cartridge, or any other medium from which a computer can read. The machine-readable storage medium can be a machine-readable storage device, a machine-readable storage substrate, a memory device, a composition of matter effecting a machine-readable propagated signal, or a combination of one or more of them.

As used herein, the phrase “at least one of” preceding a series of items, with the terms “and” or “or” to separate any of the items, modifies the list as a whole, rather than each member of the list (i.e., each item). The phrase “at least one of” does not require selection of at least one item; rather, the phrase allows a meaning that includes at least one of any one of the items, and/or at least one of any combination of the items, and/or at least one of each of the items. By way of example, the phrases “at least one of A, B, and C” or “at least one of A, B, or C” each refer to only A, only B, or only C; any combination of A, B, and C; and/or at least one of each of A, B, and C.

Furthermore, to the extent that the term “include,” “have,” or the like is used in the description or the claims, such term is intended to be inclusive in a manner similar to the term “comprise” as “comprise” is interpreted when employed as a transitional word in a claim.

A reference to an element in the singular is not intended to mean “one and only one” unless specifically stated, but rather “one or more.” The term “some” refers to one or more. All structural and functional equivalents to the elements of the various configurations described throughout this disclosure that are known or later come to be known to those of ordinary skill in the art are expressly incorporated herein by reference and intended to be encompassed by the subject technology. Moreover, nothing disclosed herein is intended to be dedicated to the public regardless of whether such disclosure is explicitly recited in the above description.

While this specification contains many specifics, these should not be construed as limitations on the scope of what may be claimed, but rather as descriptions of particular implementations of the subject matter. Certain features that are described in this specification in the context of separate embodiments can also be implemented in combination in a single embodiment. Conversely, various features that are described in the context of a single embodiment can also be implemented in multiple embodiments separately or in any suitable subcombination. Moreover, although features may be described above as acting in certain combinations and even initially claimed as such, one or more features from a claimed combination can in some cases be excised from the combination, and the claimed combination may be directed to a subcombination or variation of a subcombination.

Similarly, while operations are depicted in the drawings in a particular order, this should not be understood as requiring that such operations be performed in the particular order

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shown or in sequential order, or that all illustrated operations be performed, to achieve desirable results. In certain circumstances, multitasking and parallel processing may be advantageous. Moreover, the separation of various system components in the aspects described above should not be understood as requiring such separation in all aspects, and it should be understood that the described program components and systems can generally be integrated together in a single software product or packaged into multiple software products.

The subject matter of this specification has been described in terms of particular aspects, but other aspects can be implemented and are within the scope of the following claims. For example, the actions recited in the claims can be performed in a different order and still achieve desirable results. As one example, the processes depicted in the accompanying figures do not necessarily require the particular order shown, or sequential order, to achieve desirable results. In certain implementations, multitasking and parallel processing may be advantageous. Other variations are within the scope of the following claims.

These and other implementations are within the scope of the following claims.

What is claimed is:

1. A system for controlling an infusion device, the system comprising:

an infusion device configurable with operating limit parameters for administering a medication to a patient; one or more processors configured to:

receive laboratory information associated with a patient, the laboratory information comprising at least one of a blood coagulation measure, a vitamin level, a platelet count value, a thromboplastin time, or a serum level;

compare current operating parameters of the infusion device with the operating limit parameters in view of the laboratory information for the patient before and during administration of the medication to the patient by the infusion device;

determine that administration of the medication by the infusion device should be prevented based on comparing the current operating parameters with the operating limit parameters in view of the laboratory information;

responsive to determining that the operation should be prevented:

prevent the administration of the medication by the infusion device; and

generate a notification regarding modification of the operating limit parameters.

2. The system of claim 1, wherein the one or more processors are configured to receive the laboratory information with patient-specific information during an administration of the medication by the infusion device.

3. The system of claim 1, wherein the operating limit parameters comprise a maximum or minimum total amount of the medication to provide to the patient over a period of time.

4. The system of claim 1, wherein the one or more processors are configured to:

determine to provide the notification, indicating that the operating limit parameters require modification, to the infusion device based on a location of the infusion device or an identity of a caregiver associated with the infusion device; and

provide the notification to the infusion device for display by the infusion device.

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5. The system of claim 1, wherein the laboratory information is received with patient-specific information, wherein the one or more processors are configured to:

receive updated patient-specific information associated with the patient;

perform another comparison of the current operating parameters of the infusion device with the operating limit parameters in view of the updated patient-specific information;

determine that the another comparison is a favorable comparison; and

cause an administration of the medication by the infusion device to be started based on the favorable comparison.

6. The system of claim 1, wherein the current operating parameters are associated with a mixture of at least two medications to the patient, and the operating limit parameters comprise dosing limits for providing the mixture of the at least two medications to the patient, wherein the one or more processors are further configured to:

evaluate a concentration of the at least two medications; and

determine the dosing limits for the mixture based on the concentration.

7. The system of claim 1, wherein the one or more processors are configured to:

initiate a modification of operating limit parameters at the infusion device for providing a medication to the patient based on comparing the current operating parameters with the operating limit parameters in view of the laboratory information, wherein the notification indicates the modification was initiated.

8. The system of claim 7, wherein the one or more processors are configured to:

receive an input from a caregiver to override the modification of the operating limit parameters; and

cause the initiated modification to be overridden based on the input.

9. A method for controlling an infusion device, the method comprising:

receiving, by one or more processors, laboratory information associated with a patient, the laboratory information comprising at least one of a blood coagulation measure, a vitamin level, a platelet count value, a thromboplastin time, or a serum level;

comparing, by the one or more processors, current operating parameters of the infusion device with the operating limit parameters in view of the laboratory information for the patient before and during administration of a medication to the patient by the infusion device;

determining, by the one or more processors, that administration of the medication by the infusion device should be prevented based on comparing the current operating parameters with the operating limit parameters in view of the laboratory information;

responsive to determining that the operation should be prevented, by the one or more processors:

preventing the administration of the medication by the infusion device; and

generating a notification regarding modification of the operating limit parameters.

10. The method of claim 9, the method further comprising:

determining to provide the notification, indicating that the operating limit parameters require modification, to the infusion device based on a location of the infusion device or an identity of a caregiver associated with the infusion device; and

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providing the notification to the infusion device for display by the infusion device.

11. The method of claim 9, wherein the laboratory information is received with patient-specific information, the method further comprising:

receiving patient-specific information during the administration of the medication by the infusion device, the patient-specific information comprising the laboratory information;

receiving updated patient-specific information associated with the patient;

performing another comparison of the current operating parameters of the infusion device with the operating limit parameters in view of the updated patient-specific information;

determining that the another comparison is a favorable comparison; and

causing the administration of the medication to be started based on the favorable comparison.

12. The method of claim 11, wherein the patient-specific information comprises at least one of a medication ordered for the patient, a time at which the medication is ordered for the patient, a treatment plan for the patient, a medication resistance of the patient, a weight of the patient, a height of the patient, a body surface area of the patient, an age of the patient, a gender of the patient, a genetic makeup of the patient, or an ethnicity of the patient.

13. The method of claim 9, wherein comparing the current operating parameters of the infusion device with the operating limit parameters in view of the laboratory information comprises comparing a first weight of the patient provided to the infusion device with a second weight of the patient provided to another medical device.

14. The method of claim 9, wherein the operating limit parameters comprise a maximum or minimum total amount of the medication to provide to the patient over a period of time.

15. The method of claim 9, wherein the current operating parameters are associated with a mixture of at least two medications to the patient, and the operating limit parameters comprise dosing limits for providing the mixture of the at least two medications to the patient, the method further comprising:

evaluating a concentration of the at least two medications; and

determining the dosing limits for the mixture based on the concentration.

16. The method of claim 9, the method further comprising:

initiating a modification of operating limit parameters at the infusion device for providing a medication to the patient based on comparing the current operating

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parameters with the operating limit parameters in view of the laboratory information.

17. The method of claim 16, the method further comprising:

receiving an input from a caregiver to override the modification of the operating limit parameters; and causing the initiated modification to be overridden based on the input.

18. A non-transitory machine-readable medium comprising instructions that, when executed by a computing device, cause the computing device to perform operations for controlling an infusion device, comprising:

receiving, by one or more processors, laboratory information associated with a patient, the laboratory information comprising at least one of a blood coagulation measure, a vitamin level, a platelet count value, a thromboplastin time, or a serum level;

comparing, by the one or more processors, current operating parameters of the infusion device with the operating limit parameters in view of the laboratory information for the patient before and during administration of a medication to the patient by the infusion device; determining, by the one or more processors, that administration of the medication by the infusion device should be prevented based on comparing the current operating parameters with the operating limit parameters in view of the laboratory information;

responsive to determining that the operation should be prevented, by the one or more processors:

preventing the administration of the medication by the infusion device; and

generating a notification regarding modification of the operating limit parameters.

19. The non-transitory machine-readable medium of claim 18, the operations further comprising:

receiving the laboratory information with patient-specific information during the administration of the medication by the infusion device.

20. The non-transitory machine-readable medium of claim 18, wherein the laboratory information is received with patient-specific information, the operations further comprising:

receiving updated patient-specific information associated with the patient;

performing another comparison of the current operating parameters of the infusion device with the operating limit parameters in view of the updated patient-specific information;

determining that the another comparison is a favorable comparison; and

causing the administration of the medication to start based on the favorable comparison.

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